DECLARATION

THE STATE OF **TEXAS** §

COUNTY OF **WALKER** §

My name is Lannette Linthicum, M.D., and I am the Division Director of the Health Services Division of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

Attached are true and correct copies of ***documents relating to the preparation for, response to, and recovery from COVID-19 in the Texas prison system.***

The attached records are kept by me in the regular course of my business activity as the Director of the Health Services Division. The entries of such records were made as a regularly conducted activity and my regular practice in my position as the Director of Health Services, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

I declare under penalty of perjury that the foregoing is true and correct. Executed this the 3rd day of June, 2020.

Lannette Linthicum

Lannette Linthicum, M.D.
Director
Health Services Division
Texas Department of Criminal Justice

Case
Valentine
4:20-cv-01115

Exhibit
D EXH 15

From: Karen Hall
To: Lannette Linthicum
Subject: RE: URGENT APPROVAL NEEDED - Research_Application.xls
Date: Tuesday, May 12, 2020 10:43:35 AM
Attachments: image002.png
image003.png

I let Mr. Mendoza and Mr. Clark know as well. We will still expedite the paperwork, but I understand the need to proceed.

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, May 12, 2020 10:40 AM
To: Ojo, Olugbenga B. <obojo@utmb.edu>; Karen Hall <Karen.Hall@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Re: URGENT APPROVAL NEEDED - Research_Application.xls

I will sign all necessary paperwork giving my approval to enroll offenders in this clinical trial. Thank you.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Tuesday, May 12, 2020 9:47:22 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: FW: URGENT APPROVAL NEEDED - Research_Application.xls

Good Morning Dr. Linthicum,

The attached is a letter from Dr. Dwight Wolf, Chairman of UTMB's Institutional Review Board (IRB) stating that our offender population can be enrolled in the Convalescent plasma study.

Please let me know if this meets with your approval.

From: Clark, Anne K. <akclark@UTMB.EDU>
Sent: Tuesday, May 12, 2020 9:18 AM

To: Ojo, Olugbenga B. <obojo@utmb.edu>; Wolf, Dwight V. <dwolf@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Nishi, Shawn P. <spnishi@utmb.edu>; Yates, Sean G. <sgyates@UTMB.EDU>; lannette.linthicum@tdcj.texas.gov
Subject: RE: URGENT APPROVAL NEEDED - Research_Application.xls
Importance: High

Dear Drs. Ojo, Murray and Nishi,
Please see the attached letter regarding UTMB's approval to enroll the prisoner population in the US Expanded Access Program for Convalescent Plasma for the Treatment of Patients with COVID-19 IRB 20-0096. It is the understanding of the UTMB IRB that Dr. Linthicum (TDCJ) will also sign off once she receives this letter.

Please let me know if here are any questions.

Best,
Anne

Anne K. Clark, BA, CIP
Director, Human Research Protection Program
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-0158

Direct Line: (409) 266-9434
Rebecca Sealy Room 4.526
Email: akclark@utmb.edu

From: Wolf, Dwight V. <dwolf@UTMB.EDU>
Sent: Tuesday, May 12, 2020 8:44 AM
To: Ojo, Olugbenga B. <obojo@utmb.edu>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Clark, Anne K. <akclark@UTMB.EDU>
Subject: RE: URGENT APPROVAL NEEDED - Research_Application.xls

Thank you Dr. Ojo,
I just spoke with Anne Clark. Anne is drafting the letter of approval this morning.

Dwight

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Tuesday, May 12, 2020 7:51 AM
To: Wolf, Dwight V. <dwolf@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: FW: URGENT APPROVAL NEEDED - Research_Application.xls

Good Morning Dwight,

As discussed, TDCJ would like a letter from UTMB IRB expressly stating that our offender population can be enrolled and included in the convalescent plasma study.

We currently have **55** patients in the TDCJ hospital admitted for COVID-19 related issues **14** of whom are critically ill and requiring care in our COVID-intensive care unit and **10** are intubated and require Mechanical Ventilation.

Giving our critically patients the opportunity to be included promptly in this novel therapy may be their only chance at beating the disease.

Looking forward to an your prompt response.

Sincerely,

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270
E obojo@utmb.edu

protective statutes, pursuant to V.T.C.A. ,Occupations Code 303.006 or 160.007 or V.T.C.A., Health and Safety Code 161.032. The contents of this message is deemed confidential. If you are not the intended recipient, you are hereby notified that any use, dissemination, forwarding, printing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately.

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, May 11, 2020 5:18 PM
To: Ojo, Olugbenga B. <obojo@utmb.edu>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Karen Hall <Karen.Hall@tdcj.texas.gov>
Subject: Re: URGENT APPROVAL NEEDED - Research_Application.xls

Does this IRB cover enrolling prisoners? No where is it stated that prisoners can be enrolled?
I am not trying to be an obstructionist but because of historical abuses using prisoners as subjects in research we have to follow Code 45 CFR,46.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Monday, May 11, 2020 5:01 PM
To: Lannette Linthicum
Cc: Murray, Owen J.; Ojo, Olugbenga B.
Subject: FW: URGENT APPROVAL NEEDED - Research_Application.xls

Dear Dr. Linthicum,

Please see below request for the use of Convalescent Plasma in our offender patient population.

From: Nishi, Shawn P. <spnishi@utmb.edu>
Sent: Monday, May 11, 2020 4:56 PM
To: karen.hall@tdcj.texas.gov
Cc: Clark, Anne K. <akclark@UTMB.EDU>; Yates, Sean G. <sgyates@UTMB.EDU>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: URGENT APPROVAL NEEDED - Research_Application.xls

I am seeking approval from the Texas Department of Criminal Justice via this application for research. It is for the use of convalescent plasma to treat COVID-19 patients who are very sick at hospital Galveston.

We have obtained (attached to this email)

1. Approval from Mayo central IRB and registered as a site
2. Approval from local UTMB IRB
3. Approval from Dr. Ojo for use who is CC"ed on this email

Myself (critical care physician) and Dr. Sean Yates (blood bank physician) are requesting EXPEDITED APPROVAL for this.

Shawn P.E. Nishi, MD
Interventional Pulmonary
Associate Professor & Fellowship Program Director
Director of Bronchoscopy & Advanced Pulmonary Procedures
Division of Pulmonary & Critical Care Medicine
301 University Blvd., Galveston, TX 77555-0561
5.140 John Sealy Annex Rte 0561
P 409.772.2436 Pgr 409.643.4587
F 409.772.9532 E spnishi@utmb.edu

Full Color Logo graphic

From: Ojo, Olugbenga B.
To: Bryan Collier
Cc: Lannette Linthicum; Ojo, Olugbenga B.; Murray, Owen J.
Subject: REMDESIVIR FOR COVID-19
Date: Tuesday, May 12, 2020 10:23:41 AM
Attachments: image001.png

Good Morning Mr. Collier,

As you are aware, Remdesivir received an Emergency Use Authorization (EUA) from the FDA on May 1 after an NIAID clinical trial demonstrated reduced time to recovery in patients with moderate to severe COVID-19 infection.

Under the EUA terms, all distribution of the drug will be directed by the US Government and the drug may only be used in adults and children with confirmed COVID-19 and "severe disease" (SpO2 = 94%, requiring supplemental oxygen, mechanical ventilation, or ECMO). Per the White House Coronavirus Task Force Coordinator Dr. Deborah Birx, emergency allocations of Remdesivir have been shipped to a designee (?Texas DSHS) in every state based on the HHS understanding of the total burden of disease in the state.

We currently have **55** patients in the TDCJ Hospital admitted for COVID-19 related illness, **14** of whom are critically ill and requiring care in our COVID- intensive care unit and **10** are intubated and require Mechanical Ventilation.

Giving our critically patients the opportunity to be included promptly in this novel therapy may be their only chance at beating the disease.

We were able to come up with an estimate as follows:

Assumptions:

- 15 Bed ICU, assuming a LOS of 2 weeks
- Each patient requires 11 vials per treatment: 11 X 15 =165 Doses
- Per month: 165 x 2= 330 Doses
- For the next 3 months: 330 X 3=990 doses or Approximately 1000 doses for the next 3 months.

Please let us know how you would like to proceed or if you have any questions.

Sincerely,

Olugbenga Ojo, M.D, M.B.A., F.A.C.P

Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270
E obojo@utmb.edu

From: Ojo, Olugbenga B.
To: Lannette Linthicum
Cc: Murray, Owen J.; Ojo, Olugbenga B.
Subject: FW: URGENT APPROVAL NEEDED - Research_Application.xls
Date: Tuesday, May 12, 2020 9:47:26 AM
Attachments: image001.png
image002.png
20-0096 - Addition of Prisoner Population.pdf

Good Morning Dr. Linthicum,

The attached is a letter from Dr. Dwight Wolf, Chairman of UTMB's Institutional Review Board (IRB) stating that our offender population can be enrolled in the Convalescent plasma study.

Please let me know if this meets with your approval.

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Subject: RE: URGENT APPROVAL NEEDED - Research_Application.xls
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Please let me know if here are any questions.

Best,
Anne

Anne K. Clark, BA, CIP
Director, Human Research Protection Program
The University of Texas Medical Branch
301 University Blvd.
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Direct Line: (409) 266-9434
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APPROVAL for this.

Shawn P.E. Nishi, MD
Interventional Pulmonary
Associate Professor & Fellowship Program Director
Director of Bronchoscopy & Advanced Pulmonary Procedures
Division of Pulmonary & Critical Care Medicine
301 University Blvd., Galveston, TX 77555-0561
5.140 John Sealy Annex Rte 0561
P 409.772.2436 Pgr 409.643.4587
F 409.772.9532 E spnishi@utmb.edu

Full Color Logo graphic

utmb Health

Institutional Review Board
301 University Blvd.
Galveston, TX 77555-0158
O 409.266.9400

May 12, 2020

To: Olugbenga Ojo, MD
Chief Medical Officer/Chief Physician Executive
TDCJ Hospital & Clinics
Department of Internal Medicine
UTMB

Anne Clark

From: Dwight Wolf, MD
Chairman
Institutional Review Board

Re: Additional of TDCJ Patient Population

IRB# 20-0096

IRB Title: US Expanded Access Program for Convalescent Plasma for the Treatment of Patients with COVID-19

The request to the above referenced study to enroll the Texas Department of Criminal Justice prisoner patient population has been reviewed via an expedited review procedure on **11-May-2020** and approved by the UTMB Institutional Review Board (IRB) in accordance with 45 CFR 46.110(a)-(b)(2).

Dr. Linthicum, Director, Health Services Division TDCJ has indicated via email that the population may be enrolled upon receipt of UTMB's confirmation the study was approved to enroll this population.

UTMB entered into a reliance agreement with respect to the regulatory oversite of the conduction of this study and registered our site with the Mayo Clinic IRB on **22-Apr-2020**. Confirmation from the National Convalescent Plasma team was received on **8-May-2020** that prisoner population may be enrolled under the expanded access program. Therefore, UTMB has confirmed the study was reviewed/approved in accordance with 45 CFR 46, subpart C and prisoner population may be enrolled.

If you have any questions, please do not hesitate to contact the Anne Clark at 409-266-9434.

CC: Sean Yates, MD
Shawn Nishi, MD

Clark, Anne K.

From: US Covid Plasma <uscovidplasma@mayo.edu>
Sent: Friday, May 8, 2020 2:34 PM
To: Clark, Anne K.
Cc: US Covid Plasma
Subject: Re: Convalescent Plasma Expanded Access Program and Prisoners

Anne,

Thank you for your email. Prisoners can be treated under the Mayo EAP.

On behalf of the National Convalescent Plasma team
https://www.uscovidplasma.org
-VBJ

From: Clark, Anne K. <akclark@UTMB.EDU>
Sent: Friday, May 8, 2020 2:30 PM
To: US Covid Plasma <uscovidplasma@mayo.edu>
Subject: [EXTERNAL] Convalescent Plasma Expanded Access Program and Prisoners

To Whom It May Concern,
UTMB is a registered site for the utilization of convalescent plasma. We wanted to inquire if the program was also approved for the inclusion of the prisoner population. Did the Mayo IRB approved the use of this product in prisoners?

Please advise.

Best,
Anne

Anne K. Clark, CIP
Director, Human Research Protection Program
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-0158

Direct Line: (409) 266-9434
Rebecca Sealy Room 4.526
Email: akclark@utmb.edu

Find UTMB research guidance related to the COVID-19 public health emergency: https://www.utmb.edu/research/covid-19-research-updates

Clark, Anne K.

From: US Covid Plasma <uscovidplasma@mayo.edu>
Sent: Wednesday, April 22, 2020 6:54 PM
To: Clark, Anne K.
Subject: Confirmation of Site Registration for US COVID plasma EAP

You have now registered your site by completing the Site Registration Form for the US Expanded Access Program for Convalescent Plasma for the Treatment of Patients with COVID-19.

Please continue on this link to register as a local physician/PI:
https://redcap2.mayo.edu/redcap/surveys/?s=N44T8M9PED

Information, protocol, consent forms and site registration, enrollment and followup forms are available at www.USCOVIDplasma.org.

If you have any questions or difficulties registering please email USCOVIDplasma@mayo.edu, which will be monitored from 7am-7pm CST.

Clark, Anne K.

From: US Covid Plasma <uscovidplasma@mayo.edu>
Sent: Wednesday, April 22, 2020 6:43 PM
To: Clark, Anne K.
Subject: US COVID Plasma EAP Hospital Blood Bank Instructions

You are receiving this email because you are a hospital blood bank that is supporting a site registered in the Expanded Access Program (EAP) for Convalescent Plasma for the Treatment of COVID-19 and either have or will have a patient enrolled in the program (steps 1-3 may have already been completed).These instructions are also found at https://www.uscovidplasma.org/bloodbank.html.

1. Once your site/ medical center has submitted the Site Registration Form your site is automatically registered in the Expanded Access Program (EAP).

2. Once your Physician/PI has submitted the Physician/PI Registration Form the PI is automatically registered in the EAP and covered under the IND.

Note: Your Site/ Medical Center can designate one physician/PI for this EAP or multiple physicians/ PIs can register for each site.

3. Once your Physician/ PI has submitted the Patient Enrollment Form (i.e., has consented the patient) the physician is **authorized to order convalescent plasma from the hospital blood bank through your site's regular supplier** (i.e., Red Cross, Vitalant, OneBlood, ABC, New York Blood Center, or other local supplier).

The federal program will reimburse regardless of the supplier (i.e., Red Cross, Vitalant, OneBlood, ABC, New York Blood Center, or another local supplier).

4. Use the following links for specific information about obtaining COVID-19 convalescent plasma from individual suppliers IF you cannot get convalescent plasma from your regular supplier:

Red Cross: https://plasma.app.redcross.org/ConvalescentPlasmaDonorRequest/ManageOrdersPublic/Create

Vitalant: https://hospitals.vitalant.org/Products-Services/Convalescent-Plasma.aspx

OneBlood: https://www.oneblood.org/CCP/CCP-form-clinician.stml

New York Blood Center: https://nybc.org/donate-blood/convalescent-plasma-information-healthcare-providers/

Other blood suppliers may have additional or different requirements.

For more information about the EAP visit https://www.uscovidplasma.org/

From: Zepeda, Stephanie D.
To: Birney, Patrick J.; Parker, Dora E.; Stemley, Edward C.; Ferren, Ryan S.; Bayat, Maryam
Cc: Ojo, Olugbenga B.; Murray, Owen J.; Keiser, Philip; Kovacevich, Marjorie M.; Kim Massey; Raimer, Ben G.; Lannette Linthicum; Lorie Davis; Toomes, Christopher W.; Sadro, Cheryl A.
Subject: Re: TDCJ notified of Remdesivir delivery to HG
Date: Thursday, May 28, 2020 3:34:34 PM

Hello

I spoke with Michael in the Pharmacy's store room and confirmed that all 12 cases were received today.

Thank you.

Stephanie Zepeda

> On May 27, 2020, at 8:59 PM, Zepeda, Stephanie D. <sdzepeda@utmb.edu> wrote:
>
> Hello
>
> DSHS shipped the drug today via FedEx. The tracking information is listed below:
>
> Tracking Number = 171636453795, 171636453854, 171636453887
>
> Contact = mabayat@utmb.edu
>
> Address = 301 University Blvd Building
> CSW 7th floor
> pharmacy dept storeroom
> Galveston, TX77555
>
> Thanks.
>
> Stephanie Zepeda

On May 26, 2020, at 7:13 PM, Zepeda, Stephanie D. <sdzepeda@utmb.edu> wrote:

Hello

I spoke with Imelda Garcia, DSHS Associate Commissioner.

UTMB will receive 9 cases for its general COVID population and an additional 3 for Hospital Galveston. All should ship tomorrow.

I will share the shipping number when I receive it from DSHS.

Thanks.

Stephanie Zepeda

> On May 26, 2020, at 5:16 PM, Zepeda, Stephanie D. <sdzepeda@utmb.edu> wrote:
>
> Sorry. Resending from my UTMB email account.
>
> The Department of State Health Services (DSHS) notified TDCJ that they were sending three cases of Remdesivir for offender use at HG. DSHS indicated that they were shipping it to UTMB via normal shipping procedures and would be marked as for use at the TDCJ Hospital. Please let us know once it is received.
>
> Thanks.
>
> Stephanie Zepeda
>
> > On May 26, 2020, at 5:09 PM, Louis Zepeda <louisstephz@yahoo.com> wrote:
> >
> > Hello
> >
> > The Department of State Health Services (DSHS) notified TDCJ that they were sending three cases of Remdesivir for offender use at HG. DSHS indicated that they were shipping it to UTMB via normal shipping procedures and would be marked

as for use at the TDCJ Hospital. Please let us know once it is received.

Thanks in advance.

On May 26, 2020, at 4:59 PM, Lannette Linthicum <lannette.linthicum@tdcj.texas.gov> wrote:

Mr. Collier received a call from the Department of State Health services(DSHS) stating that they had three(3) cases of Remdesivir for offender use at HG. DSHS wanted to send it to TDCJ but TDCJ instructed DSHS to send it to UTMB via their normal shipping and receiving procedures. DSHS asked TDCJ to notify UTMB that the Remdesivir shipment will be marked for use at the TDCJ hospital.

Thank you.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: McGalin,Ginger (DSHS)
To: Chris Black-Edwards; Lannette Linthicum
Subject: Request to review guideline
Date: Wednesday, May 13, 2020 8:45:57 AM
Attachments: Guidelines for TDCJ.docx

Good Morning Chris and Dr. Linthicum,

Dr. Pendergrass asked me to send you a copy of the guidelines to review. This is not actually for TDCJ as you have your own guidelines, but rather guidelines for other county jails and detention centers within the state. TDCJ has been well prepared and we would appreciate your input or comments on these guidelines for other detention facilities.

Thank you for your time.

Ginger McGalin, FNP-BC, MSN, RN
COVID19 Vulnernable Populations Team Lead for Prisons, Jails and Veterans Administration Hospitals

Capitol Health Nurse Practitioner
Practice Office at: -→ OFFICE CLOSED AT THIS TIME; WORKING FROM HOME
Texas State Capitol
Work Cell (512)649-6581

Supervisory Office at:
Texas Dept of State Health Services
Division of Regional and Local Health Operations (RLHO)
Austin, Texas
EMAIL Ginger.Mcgalin@dshs.texas.gov

COVID-19 Prevention, Testing, and Isolation Strategy

This is a high-level summary of Prevention, Testing, and Isolation Strategies. It is not attempting to discuss facility-specific isolation approaches, PPE usage, or infection control practices. For this guidance, please review the CDC COVID-19 site and/or the Texas DSHS COVID-19 website.

Prevention and Testing Prior to the First Case

Staff

1. Screen all staff before entry for symptoms, temperature, and contact with COVID-19 positive persons outside of work.
2. Limit entrance to essential staff only. Staff should be assigned to a single facility to limit movement.
3. Train staff members safely don, doff, and dispose of personal protection equipment (PPE).
4. Staff who are sick should stay home and should not report to work.
5. If staff members present symptoms, they have to put on a face mask immediately, inform their supervisor, and leave the facility.
6. Staff members cannot return to work if they have been exposed or tested positive. <u>They can only return after they meet the criteria noted below.</u>

Incarcerated/Detained

1. Screen all the new detainees entering the facility.
2. Train incarcerated/detainees to safely don, doff, and dispose of PPE.
3. The incarcerated/detained individuals need to report symptoms to staff and need to be triaged as soon as possible.
4. Use multiple physical distancing strategies (e.g., sleep head to foot, stagger meals and showers, reduce the number of persons allowed in a common area at one time, suspend group gatherings*)

Visitors

1. Restrict non-essential vendors, tours, and volunteers from entering the facility.
2. Perform verbal screening and temperature checks for all visitors and volunteers.
3. Modify visitation programs by promoting non-contact visits or virtual visitations if available.

Prevention, Isolation, and Testing at First Case

1. Contact and notify your public health officials of the cases in the facility.

Staff

1. Staff who are in close contact with quarantine individuals should wear PPE if possible based on the local supply.
2. Staff who were in close contact with COVID-19 cases should self-request at home for 14 days and may return to work if symptoms do not develop.
3. Staff designated to monitor ill individuals need to wear the recommended PPE and need to limit their own movement in the facility.
4. Continue activities from the prevention section

Incarcerated/Detained

1. Implement daily temperature checks in housing units where COVID-19 cases have been identified in d, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.
2. If the incarcerated/detainee who has been quarantine presents symptoms, then they need to be tested.
3. Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing.
4. Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases in the facility and emphasize the importance of social distancing and hygiene precautions.

Visitors

1. The unit should be locked down, and visitations stopped.

For **Symptomatic Incarcerated/Detainees with COVID-19**, isolation should be continued until either.

1. For individuals who need testing for COVID-19 to determine if they are still contagious:
    a. The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
    b. The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
    c. The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart.
2. For individuals who will **NOT** be tested to determine if they are still contagious:
    a. The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
    b. The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**

c. At least seven days have passed since the first symptoms appeared.

For **Asymptomatic Incarcerated/Detainees with COVID-19**, isolation should be continued until either.

1. For individuals who had a confirmed positive COVID-19 test but never showed symptoms:
    a. At least seven days have passed since the date of the individual's first positive COVID-19 test **AND**
    b. The individual has had no subsequent illness.

Return to work for the staff

For **symptomatic workers with suspected or confirmed COVID-19** need to meet the following requirements to go back to work:

1. Seven days after symptoms first appeared **AND**
2. At least three days (72 hours) after resolution of fever without the use of fever-reducing medications **AND**
3. Improvement in respiratory symptoms (e.g., cough, shortness of breath)

For **asymptomatic workers with suspected or confirmed COVID-19** need to meet the following requirements to go back to work:

1. Ten days have passed since the date of the positive test, assuming they have not subsequently developed symptoms.
2. If symptoms develop, then they should follow the instructions above for the symptomatic workers.

Once back to work:

1. Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
2. Be restricted from contact with severely immunocompromised individuals until 14 days after illness onset.
3. Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

From:	Lannette Linthicum
To:	McGalin,Ginger (DSHS)
Cc:	Chris Black-Edwards; Pendergrass,Peter (DSHS); Tupy,Shawn (DSHS)
Subject:	Guidelines for County Correctional Facilities
Attachments:	Draft DSHS COVID-19 Guidance for Jails.docx
Importance:	High

Ginger,

Please see my suggested changes. Hope you find this useful.

Thank you.

Lannette Linthicum, MD, FACP, CCHP-A

Director, Health Services Division

Texas Department of Criminal Justice

COVID-19 Prevention, Testing, and Isolation Strategy

This is a high-level summary of Prevention, Testing, and Isolation Strategies. It is not attempting to discuss facility-specific isolation approaches, PPE usage, or infection control practices. For this guidance, please review the CDC COVID-19 site and/or the Texas DSHS COVID-19 website.

Prevention and Testing Prior to the First Case

Staff

1. Screen all staff before entry for symptoms, temperature, and contact with COVID-19 positive persons outside of work.
2. Limit entrance to essential staff only. Staff should be assigned to a single facility to limit movement and the spread of COVID-19, whenever possible.
3. Train staff members to safely don, doff, and dispose of personal protectiveon equipment (PPE).
4. Staff who are sick should stay home and should not report to work.
5. If staff members present with symptoms, they have to put on a face mask immediately, inform their supervisor, and leave the facility.
6. Staff members cannot return to work if they have been exposed or tested positive. They can only return after they meet the criteria noted below.

Incarcerated/Detained

1. Screen all the new detainees entering the facility.
2. Train incarcerated/detainees to safely don, doff, and dispose of PPE.
3. The incarcerated/detained individuals need to report symptoms to staff and need to be triaged as soon as possible.
4. Use multiple physical distancing strategies (e.g., sleep head to foot, stagger meals and showers, reduce the number of persons allowed in a common area at one time, and suspend group gatherings*)

Visitors

1. Restrict non-essential vendors, tours, and volunteers from entering the facility.
2. Perform verbal screening and temperature checks for all visitors and volunteers.
3. Modify visitation programs by promoting non-contact visits or virtual visitations if available.

Prevention, Isolation, and Testing at First Case

1. Contact and notify your public health officials of the cases in the facility.

Staff

1. Staff who are in close contact with quarantined individuals should wear PPE if possible based on the local supply.
2. Staff who were in close contact with COVID-19 cases should self-~~request~~quarantine at home for 14 days and may return to work if symptoms do not develop.
3. Staff designated to monitor ill individuals need to wear the recommended PPE and need to limit their own movement in the facility whenever possible.
4. Continue activities from the prevention section

Incarcerated/Detained

1. Implement daily temperature and symptom checks in housing units where COVID-19 cases have been identified ~~in d~~for 14 days since the last case~~, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms~~.
2. If ~~the~~ incarcerated/detainees ~~who has been quarantine~~ present~~s~~ with symptoms, then they need to be tested.
3. Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing.
4. Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases in the facility and emphasize the importance of social distancing and hygiene precautions.

Visitors

1. The unit should be locked down, and visitations stopped.

For **Symptomatic Incarcerated/Detainees with COVID-19**, isolation ~~should be continued until either~~may be discontinued based on a test-based strategy or a symptom-based strategy.

1. For a test-based strategy, isolation may be discontinued if:~~For individuals who need testing for COVID-19 to determine if they are still contagious:~~
    a. The individual has been free from fever ~~for at least 72 hours~~ without the use of fever-reducing medications **AND**
    b. The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
    c. The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart.
2. For a symptom-based strategy, isolation may be discontinued if:~~individuals who will **NOT** be tested to determine if they are still contagious:~~

a. The individual has been free from fever for at least three days (72 hours) without the use of fever-reducing medications **AND**
b. The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
c. At least ~~seven~~ten days have passed since the first symptoms appeared.

For **Asymptomatic Incarcerated/Detainees with COVID-19**, isolation should be continued until: ~~either.~~

1. For individuals who had a confirmed positive COVID-19 test but never showed symptoms:
   a. At least ~~seven~~ten days have passed since the date of the individual's first positive COVID-19 test **AND**
   b. The individual has had no subsequent illness.

For **Asymptomatic Incarcerated/Detainees with exposure to COVID-19**, isolation should be continued until:

1. Fourteen days after the last exposure **AND**
~~1.~~2. The individual has had no subsequent illness.

Return to work for the staff

~~For s~~**Symptomatic workers with suspected or confirmed COVID-19** need to meet the following requirements to go back to work:

1. ~~Seven~~ Ten days after symptoms first appeared **AND**
2. At least three days (72 hours) after resolution of fever without the use of fever-reducing medications **AND**
3. Improvement in respiratory symptoms (e.g., cough, shortness of breath)

~~For a~~**Asymptomatic workers with suspected or confirmed COVID-19** need to meet the following requirements to go back to work:

1. Ten days have passed since the date of the positive test, assuming they have not subsequently developed symptoms.
2. If symptoms develop, then they should follow the instructions above for the symptomatic workers.

Asymptomatic workers exposed to COVID-19 need to meet the following requirement to go back to work:

1. Fourteen days have passed since the date of last exposure, assuming they have not subsequently developed symptoms.
2. If symptoms develop, then they should follow the instructions above for the symptomatic workers.

Once back to work:

1. Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset or last exposure, whichever is longer.
2. Be restricted from contact with severely immunocompromised individuals until 14 days after illness onset.
3. Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

From: Hellerstedt,John W (DSHS)
To: Lannette Linthicum
Cc: Murray, Owen J.; Dr. Ojo; Keiser, Philip; Bryan Collier; Shuford,Jennifer (DSHS); Sims,Jennifer (DSHS); Cole,Kirk (DSHS)
Subject: RE: COVID-19 testing at TDCJ facilities
Date: Thursday, April 16, 2020 5:43:24 PM

Hi Dr. Linthicum,
Per our phone conversation earlier today and the email below, please proceed with the testing regimen that you need to address the COVID-19 outbreak you have identified.
John

John Hellerstedt, MD
Commissioner
Texas Department of State Health Services
512.776.7363

From: Lannette Linthicum [mailto:lannette.linthicum@tdcj.texas.gov]
Sent: Thursday, April 16, 2020 4:52 PM
To: Hellerstedt,John W (DSHS) <John.Hellerstedt@dshs.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Dr. Ojo <obojo@utmb.edu>; Keiser, Philip <phkeiser@UTMB.EDU>; Bryan Collier <bryan.collier@tdcj.texas.gov>
Subject: COVID-19 testing at TDCJ facilities
Importance: High

Good Afternoon Dr. Hellerstedt,

Thank you for calling me back so promptly. As per our discussion, TDCJ and its university partners; specifically ,the University of Texas Medical Branch(UTMB) would like to do some mass testing for COVID-19 at **select** TDCJ units. These would include units where the number of COVID-19 positive offender and staff cases continue to increase despite aggressive mitigation measures.
TDCJ would rely on the expertise of UTMB, specifically, Dr. Phillip Keiser to guide us in implementation of this testing plan. Dr. Keiser is the Galveston County public Health Authority, a member of the Correctional Manage Health Care Committee and a professor of infectious diseases at UTMB. Any employee testing will be shared with local/county public health authorities.

Your favorable consideration and approval of this request is appreciated.

Thank you.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Robison, (Denee) Jerri D.
To: Lannette Linthicum
Subject: Hospital Galveston Surge Capacity Plan
Date: Tuesday, April 21, 2020 2:38:56 PM
Attachments: Hospital Galveston Surge Capacity Plan.docx

Here you go!

Hospital Galveston (HG) Surge Capacity Plan

Current HG Census as of April 21, 2020

Total ICU Bed Capacity	**24**
ICU Beds Filled	**15**
ICU Beds Vacant	**9**

Total Med-Surgical Bed Capacity	**48**
Total Med-Surgical Beds Filled	**37**

- The med-surg floor is not able to accept additional patients due to the necessity to isolate and house certain patients in a single room.

- Twenty-four (24) beds will become available on 7B after the discharge and transfer to TDCJ unit infirmaries has been completed.

- Twenty-two (22) bed infirmary on the second floor at Hospital Galveston (HG) is scheduled to open on Thursday, April 23rd, to accept discharges from HG inpatient beds.

- Huntsville Memorial Hospital (HMH) has agreed to accept up to fourteen (14) convalescent (step-down) care patients from HG. This will create additional inpatient capacity at HG as needed.

From: Melissa Kimbrough
To: Lannette Linthicum
Subject: RE: CORONAVIRUS
Date: Friday, February 21, 2020 1:46:58 PM
Attachments: image001.png

Dr. L- I will certainly be available. Just let me know.

Thank you.
Melissa A. Kimbrough
TDCJ Emergency Management
W: 936.437.6038
C: 936.581.9848

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Friday, February 21, 2020 1:45 PM
To: Ojo, Olugbenga B. <obojo@utmb.edu>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>
Subject: Re: CORONAVIRUS

Yes I would like to attend. May I invite TDCJ's emergency manager, Melissa kimbrough to attend as well if her schedule permits. Will there be a conference call line?

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Friday, February 21, 2020 11:59:16 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: CORONAVIRUS

Good Afternoon Dr. L,

I have put together a Coronavirus planning and response meeting for Wednesday, Feb. 26th at noon.

The UTMB and CDC experts will be on hand. I have extended an invite to Dr. Coglianese and Chris-Black Edwards.

Would you like to attend?

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270
E obojo@utmb.edu

From: Ojo, Olugbenga B.
To: Lannette Linthicum
Cc: Chris Black-Edwards; Melissa Kimbrough; Oscar Mendoza; Hilton, Shirley A.
Subject: RE: CORONAVIRUS
Date: Friday, February 21, 2020 1:47:56 PM
Attachments: image001.png

Yes, she is invited as well.

There will be a conference call line.

Ms. Hilton, please add Melissa kimbrough as well

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Friday, February 21, 2020 1:45 PM
To: Ojo, Olugbenga B. <obojo@utmb.edu>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>
Subject: Re: CORONAVIRUS

Yes I would like to attend. May I invite TDCJ's emergency manager, Melissa kimbrough to attend as well if her schedule permits. Will there be a conference call line?

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Friday, February 21, 2020 11:59:16 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: CORONAVIRUS

Office (ISO).

Good Afternoon Dr. L,

I have put together a Coronavirus planning and response meeting for Wednesday, Feb. 26th at noon.

The UTMB and CDC experts will be on hand. I have extended an invite to Dr. Coglianese and Chris-Black Edwards.

Would you like to attend?

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270
E obojo@utmb.edu

From: Abbott, Kirk D.
To: Lannette Linthicum
Cc: Murray, Owen J.; Abbott, Kirk D.; Williams, Anthony K.
Subject: RE: Coronavirus
Date: Wednesday, January 29, 2020 2:34:44 PM
Attachments: image001.png
image002.png
image003.png
image004.png

Dr. L,

The is being done on a case by case basis so far in collaboration with UTMB Infectious Disease and UTMB Employee Health. Below is guidance provided for the one confirmed employee currently in China.

The employee will be placed on Administrative Leave upon return home to the United States for 14 days. If free of any ILI (Influenza Like Illness) symptoms and has been afebrile will be allowed to return to work on day 15 upon consultation with the deciding entities (Infectious Disease, Employee Health and TDCJ Health Services). The employee will keep a log of symptoms/temperature for the 14 days that we can review on day 14 to determine return to work status. Of concern would be temp of 100.5 or greater, cough, sore throat, and any difficulty breathing. On day 14 the employee would consult me and I in consultation with Infectious Disease, Employee Health and TDCJ Health Services would determine return to work date.

Please let me know if you have any additional concerns/suggestions and I will ensure they are addressed/implemented.

Thanks,
Kirk

Kirk Abbott, MBA, BSN, RN, CCN/M, CCHP
Regional Chief Nursing Officer
Southern GSA
University of Texas Medical Branch
C: 409-718-6349
kdabbott@utmb.edu

From: Lannette Linthicum [mailto:lannette.linthicum@tdcj.texas.gov]
Sent: Wednesday, January 29, 2020 2:25 PM
To: Abbott, Kirk D.
Subject: Re: Coronavirus

Kirk,

Please forward me a copy of the screening/monitoring program.

Lannette Linthicum, MD, CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Two Financial Plaza, Suite 625
Huntsville, TX 77340
(936) 437-3542 (work)
(936) 437-3541(fax)

From: Abbott, Kirk D. <kdabbott@UTMB.EDU>
Sent: Wednesday, January 29, 2020 2:22 PM
To: Williams, Anthony K. <akwillia@utmb.edu>; Coates, Kelly <kecoates@UTMB.EDU>; Horton, Billy E. <behorton@UTMB.EDU>; Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>; Penn, Joseph <jopenn@UTMB.EDU>; Echols, Beverly A. <baechols@utmb.edu>; Owens, Edward G. <egowens@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; Saenz, Hilario <hisaenz@UTMB.EDU>; Friesz, Gregory D. <gdfriesz@UTMB.EDU>; Dotson, Margaret O. <mosulliv@UTMB.EDU>; David, Laura D. <lawright@UTMB.EDU>; DeYoung, Andy G. <agdeyoun@UTMB.EDU>; Buro, Angie M. <amburo@UTMB.EDU>; Brown, Paul V. <pvbrown@UTMB.EDU>; Peters, Craig M. <cmpeters@UTMB.EDU>; Melton, Jenny R. <jrmelton@UTMB.EDU>; Geer, Caitlin L. <clgeer@UTMB.EDU>; Jefferson, Arlita K. <akjeffer@UTMB.EDU>; Gilmore, Teresa J. <tjgilmor@utmb.edu>; Jamison, Gizelle A. <gajamiso@utmb.edu>; Robison, Jerri D. <jdrobiso@UTMB.EDU>; Smith, Monte K. <mksmith@UTMB.EDU>; Vincent, Bobby M. <bmvincen@UTMB.EDU>; Donohue, Thomas A. <tadonohu@UTMB.EDU>; Mosley, Tonya R. <tomosley@UTMB.EDU>; Marshall-Shaw, Tysh R. <trshaw@UTMB.EDU>; Geddes, James D. <jdgeddes@UTMB.EDU>; ODonnell, Brian M.

<bmodonne@UTMB.EDU>; Jamison, Gizelle A. <gajamiso@utmb.edu>; Pulvino, John S. <jspulvin@UTMB.EDU>; Leonardson, Jane E. <jeleonar@UTMB.EDU>; Abbott, Kirk D. <kdabbott@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Kearney, Charlotte <chkearne@UTMB.EDU>; McLellan, Alison W. <awmclell@utmb.edu>; Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>
Subject: Coronavirus

As you are probably aware from the recent news headlines, the CDC has implemented interim guidance for healthcare professionals regarding the Coronavirus outbreak in China. Given the diversity of our workforce, we have identified several employees who are currently traveling in China and or to surrounding countries currently impacted by the Coronavirus. Following the CDC's lead and in collaboration with our UTMB Infectious Disease colleagues, UTMB Employee Health and TDCJ Health Services in overabundance of caution, have developed a screening / monitoring program for our employees who are returning from or have been in recent close contact with family / friends who have returned from one of these impacted areas.

If you have or suspect any such employees meeting this criteria within your department, please contact me. I will be coordinating our efforts for UTMB-CMC to ensure the safest environment possible for patients and staff.

Thank you,
Kirk

Kirk Abbott, MBA, BSN, RN, CCN/M, CCHP
Regional Chief Nursing Officer
Southern GSA
University of Texas Medical Branch
C: 409-718-6349
kdabbott@utmb.edu

From: Ojo, Olugbenga B.
To: Lannette Linthicum
Cc: Jason Clark; Lorie Davis; Jeremy Desel; Patty Garcia; Murray, Owen J.; Denise.DeShields@ttuhsc.edu; Abbott, Kirk D.
Subject: Re: Coronovirus
Date: Monday, February 3, 2020 3:14:37 PM

Thanks Dr. L.

Sent from my iPad

On Feb 3, 2020, at 3:00 PM, Lannette Linthicum <lannette.linthicum@tdcj.texas.gov> wrote:

Please see the attached guidance from the Texas DSHS Commissioner, Dr. Hellerstedt.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

<DSHS - Institutions Travel Coronavirus 2.3.2020.pdf>

From: NEJM
To: Lannette Linthicum
Subject: The New England Journal of Medicine, February 13, 2020
Date: Wednesday, February 12, 2020 4:52:49 PM

View this email in a web browser

Lannette Linthicum MD SUBSCRIBE

Audio Summary

This Week at NEJM.org, February 13, 2020

AUDIO INTERVIEW WITH DR. ERIC RUBIN AND DR. LINDSEY BADEN

Coronavirus Outbreak

The current outbreak of coronavirus infection is a threat to the health of the public and a breaking news story that changes hour by hour. Listen to an interview with editors Eric Rubin and Lindsey Baden on what physicians need to know about the current 2019 Novel Coronavirus outbreak.

Featured Image

PERSPECTIVE

The Climate Crisis and Clinical Practice

R.N. Salas
N Engl J Med 2020;382:589-591

Image Challenge

What's the diagnosis?

Image Challenge

Additional Published Content

Modernizing Scope-of-Practice Regulations — Time to Prioritize Patients

B.K. Frogner and Others
N Engl J Med 2020;382:591-593

On Suboptimization — Cadillac Care at the Mecca

B.M. Reilly
N Engl J Med 2020;382:593-595

ORIGINAL ARTICLES

Tucatinib, Trastuzumab, and Capecitabine for HER2-Positive Metastatic Breast Cancer

R.K. Murthy and Others
N Engl J Med 2020;382:597-609 | Published Online December 11, 2019

Trastuzumab Deruxtecan in Previously Treated HER2-Positive Breast Cancer

S. Modi and Others
N Engl J Med 2020;382:610-621 | Published Online December 11, 2019

Plasma Exchange and Glucocorticoids in Severe ANCA-Associated Vasculitis

M. Walsh and Others
N Engl J Med 2020;382:622-631

Outbreak of Listeriosis in South Africa Associated with Processed Meat

J. Thomas and Others
N Engl J Med 2020;382:632-643

Polymer-based or Polymer-free Stents in Patients at High Bleeding Risk

S. Windecker and Others
DOI: 10.1056/NEJMoa1910021 | February 12, 2020

REVIEW ARTICLE

Milk and Health

W.C. Willett and D.S. Ludwig
N Engl J Med 2020;382:644-654

IMAGES IN CLINICAL MEDICINE

A Sublingual Epidermoid Cyst

F. Thibouw and A. Schein
N Engl J Med 2020;382:655

Hung-up Knee Jerk in Huntington's Disease

T. Fukumoto and R. Miyamoto
N Engl J Med 2020;382:e10

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 5-2020: A 32-Day-Old Male Infant with a Fall

A.W. Newton, P.A. Caruso, D.H. Ebb, and G. Linder
N Engl J Med 2020;382:656-664

EDITORIALS

Reviewers for the *Journal*, July–December 2019

N Engl J Med 2020;382:666

A Disclosure Form for Work Submitted to Medical Journals — A Proposal from the International Committee of Medical Journal Editors

D.B. Taichman and Others
N Engl J Med 2020;382:667-668 | Published Online January 27, 2020

Major Strides in HER2 Blockade for Metastatic Breast Cancer

P. Sharma
N Engl J Med 2020;382:669-671

ANCA-Associated Vasculitis — Refining Therapy with Plasma Exchange and Glucocorticoids

V.K. Derebail and R.J. Falk
N Engl J Med 2020;382:671-673

SOUNDING BOARD

The Magic of Randomization versus the Myth of Real-World Evidence

R. Collins, L. Bowman, M. Landray, and R. Peto
N Engl J Med 2020;382:674-678

CLINICAL IMPLICATIONS OF BASIC RESEARCH

Unfolding Discoveries in Heart Failure

W.J. Paulus
N Engl J Med 2020;382:679-682

CORRESPONDENCE

Elimination of the Autopsy Requirement by CMS

Triple Therapy for Cystic Fibrosis with a Phe508del *CFTR* Mutation

Question of the Week

What is the most probable diagnosis in a 6-year-old afebrile boy with 2 days of right-hip pain and irritation that began after a

Secondary Surgical Cytoreduction for Recurrent Ovarian Cancer

Acute Severe Hypertension

A Locally Transmitted Case of SARS-CoV-2 Infection in Taiwan
DOI: 10.1056/NEJMc2001573 | February 12, 2020

Journey of a Thai Taxi Driver and Novel Coronavirus
DOI: 10.1056/NEJMc2001621 | February 12, 2020

streptococcus-negative upper respiratory infection?

- Septic arthritis
- Acute rheumatic fever
- Toxic synovitis
- Juvenile idiopathic arthritis
- Poststreptococcal reactive arthritis

FOLLOW US

The New England Journal of Medicine
860 Winter Street
Waltham, MA 02451
USA

From: NEJM
To: Lannette Linthicum
Subject: The New England Journal of Medicine, February 20, 2020
Date: Wednesday, February 19, 2020 4:55:54 PM

Audio Summary

This Week at NEJM.org, February 20, 2020

CLINICAL DECISIONS

Disclosure of Genetic Results of a Research Study

A. Castellanos and Others | N Engl J Med 2020;382:763-765

This interactive feature about deidentified data in a nationwide genetic database offers a case vignette accompanied by essays that either support or discourage reidentifying the data and notifying participants who have actionable pathogenic mutations.

Featured Image

Read the opinions, share your comments, and vote at NEJM.org.

PERSPECTIVE

Defining the Epidemiology of Covid-19 — Studies Needed

M. Lipsitch, D.L. Swerdlow, and L. Finelli

DOI: 10.1056/NEJMp2002125 | February 19, 2020

Image Challenge

What's the diagnosis?

Image Challenge

Stalled Federal Efforts to End Surprise Billing — The Role of Private Equity

E.C. Fuse Brown
DOI: 10.1056/NEJMp1916443 | February 19, 2020

The EVALI and Youth Vaping Epidemics — Implications for Public Health

B.A. King, C.M. Jones, G.T. Baldwin, and P.A. Briss
N Engl J Med 2020;382:689-691 | Published Online January 17, 2020

A Novel Coronavirus Emerging in China — Key Questions for Impact Assessment

V.J. Munster and Others
N Engl J Med 2020;382:692-694 | Published Online January 24, 2020

When Sensitivity Is a Liability

J. Baruch
N Engl J Med 2020;382:694-695

ORIGINAL ARTICLES

Vitamin E Acetate in Bronchoalveolar-Lavage Fluid Associated with EVALI

B.C. Blount and Others
N Engl J Med 2020;382:697-705 | Published Online December 20, 2019

Trial of Nemolizumab in Moderate-to-Severe Prurigo Nodularis

S. Ständer and Others
N Engl J Med 2020;382:706-716

Additional Published Content

A Community-Based Intervention for Managing Hypertension in Rural South Asia

T.H. Jafar and Others
N Engl J Med 2020;382:717-726

Brief Report: A Novel Coronavirus from Patients with Pneumonia in China, 2019

N. Zhu and Others
N Engl J Med 2020;382:727-733 | Published Online January 24, 2020

Nonsedation or Light Sedation in Critically Ill, Mechanically Ventilated Patients

H.T. Olsen and Others
DOI: 10.1056/NEJMoa1906759 | February 16, 2020

CLINICAL PRACTICE

Prevention of Falls in Community-Dwelling Older Adults

D.A. Ganz and N.K. Latham
N Engl J Med 2020;382:734-743

IMAGES IN CLINICAL MEDICINE

Sarcoidal Reaction in a Tattoo

D. Lim and M. Nantel-Battista
N Engl J Med 2020;382:744

Intestinal Lipomatosis

M.S. Mansoor and A. Batool
N Engl J Med 2020;382:e12

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 6-2020: A 34-Year-Old Woman with Hyperglycemia

M.S. Udler, C.E. Powe, and C.A. Austin-Tse
N Engl J Med 2020;382:745-753

EDITORIALS

Cornering the Suspects in Vaping-Associated EVALI

T. Gordon and J. Fine
N Engl J Med 2020;382:755-756

Breaking the Itch–Scratch Cycle in Prurigo Nodularis

S.G. Kwatra
N Engl J Med 2020;382:757-758

Lower Blood Pressure in South Asia? Trial Evidence

N. Poulter
N Engl J Med 2020;382:758-760

Another Decade, Another Coronavirus

S. Perlman
N Engl J Med 2020;382:760-762 | Published Online January 24, 2020

Calming Down about Sedation in Critically Ill Patients

C. Guérin
DOI: 10.1056/NEJMe2001025 | February 16, 2020

CLINICAL DECISIONS

Disclosure of Genetic Risk Revealed in a Research Study

A. Castellanos and Others
N Engl J Med 2020;382:763-765

SPECIAL REPORT

Syndromic Surveillance for E-Cigarette, or Vaping, Product Use–Associated Lung Injury

K.P. Hartnett and Others
N Engl J Med 2020;382:766-772 | Published Online December 20, 2019

MEDICINE AND SOCIETY

Responding to Unprofessional Behavior by Trainees — A "Just Culture" Framework

J.A. Wasserman, M. Redinger, and T. Gibb
N Engl J Med 2020;382:773-777

CORRESPONDENCE

Behavioral Heuristics in Coronary-Artery Bypass Graft Surgery

Nintedanib in Progressive Fibrosing Interstitial Lung Diseases

Acute Upper Airway Obstruction

Emicizumab in Hemophilia A

Retraction: Banegas JR et al. Relationship between Clinic and Ambulatory Blood-Pressure

Question of the Week

Injury to which of the following structures on a patient's left side could lead to partial Horner syndrome on the left, Broca-type aphasia, and right-sided upper-extremity and facial weakness?

- Internal carotid artery
- Internal jugular vein
- Vertebral artery
- Cavernous sinus
- External carotid artery

Measurements and Mortality. N Engl J Med 2018;378:1509-20.

Evidence of SARS-CoV-2 Infection in Returning Travelers from Wuhan, China
DOI: 10.1056/NEJMc2001899 | February 18, 2020

SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients
DOI: 10.1056/NEJMc2001737 | February 19, 2020

FOLLOW US

The New England Journal of Medicine
860 Winter Street
Waltham, MA 02451
USA

From: NEJM
To: Lannette Linthicum
Subject: The New England Journal of Medicine, January 30, 2020
Date: Wednesday, January 29, 2020 4:45:00 PM

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Audio Summary

This Week at NEJM.org, January 30, 2020

INTERACTIVE MEDICAL CASE

A Rapid Change in Pressure

K. D'Silva and Others | N Engl J Med 2020;382:e8

This interactive case features a patient who presents with progressive dyspnea on exertion, a nonproductive cough, fatigue, and unintentional weight loss following an international trip.

Test your diagnostic and therapeutic skills at NEJM.org.

Featured Image

PERSPECTIVE

Influenza in U.S. Detention Centers — The Desperate Need for Immunization

C. Foppiano Palacios, J.J. Openshaw, and M.A. Travassos
DOI: 10.1056/NEJMp1916894 | January 29, 2020

Image Challenge

What's the diagnosis?

Image Challenge

Additional Published Content

A Novel Coronavirus Emerging in China — Key Questions for Impact Assessment

V.J. Munster and Others
DOI: 10.1056/NEJMp2000929 | January 24, 2020

The Neglected Hospital — The District Hospital's Central Role in Global Health Care Delivery

R. Rajbhandari, D.E. McMahon, J.J. Rhatigan, and P.E. Farmer
N Engl J Med 2020;382:397-400

Is Obamacare Really Unconstitutional?

N. Bagley
N Engl J Med 2020;382:400-401 | Published Online January 1, 2020

Fun

C.A. Colaianni
N Engl J Med 2020;382:402-403

ORIGINAL ARTICLES

Conservative versus Interventional Treatment for Spontaneous Pneumothorax

S.G.A. Brown and Others
N Engl J Med 2020;382:405-415

Soluble Urokinase Receptor and Acute Kidney Injury

S.S. Hayek and Others
N Engl J Med 2020;382:416-426

Family History of Gastric Cancer and

Helicobacter pylori Treatment

I.J. Choi and Others
N Engl J Med 2020;382:427-436

Fatal Cytomegalovirus Infection in an Adult with Inherited NOS2 Deficiency

S.B. Drutman and Others
N Engl J Med 2020;382:437-445

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia

Q. Li and Others
DOI: 10.1056/NEJMoa2001316 | January 29, 2020

Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial

H.J. de Koning and Others
DOI: 10.1056/NEJMoa1911793 | January 29, 2020

Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

R.R. Makkar and Others
DOI: 10.1056/NEJMoa1910555 | January 29, 2020

Brief Report: A Novel Coronavirus from Patients with Pneumonia in China, 2019

N. Zhu and Others
DOI: 10.1056/NEJMoa2001017 | January 24, 2020

CLINICAL PRACTICE

Hormone Therapy for Postmenopausal Women

J.V. Pinkerton
N Engl J Med 2020;382:446-455

IMAGES IN CLINICAL MEDICINE

Harlequin Color Change in a Neonate

G. van den Berg and H. Bakker
N Engl J Med 2020;382:456

Gastrointestinal Bleeding from Metastatic Melanoma

A.H.W. Lim and J. Argyrides
N Engl J Med 2020;382:e7

INTERACTIVE MEDICAL CASE

A Rapid Change in Pressure

K. D'Silva and Others
N Engl J Med 2020;382:e8

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 4-2020: A 52-Year-Old Woman with Seizure Disorder and Wide-Complex Tachycardia

D.B. Kramer and Others
N Engl J Med 2020;382:457-467

EDITORIALS

Clearing the Air — A Conservative Option for Spontaneous Pneumothorax

V.C. Broaddus
N Engl J Med 2020;382:469-470

Risk Prediction for Acute Kidney Injury — Super Important, Now suPAR Easy?

F. Tacke
N Engl J Med 2020;382:470-472

Mortality Reduction with Low-Dose CT Screening for Lung Cancer

S.W. Duffy and J.K. Field
DOI: 10.1056/NEJMe1916361 | January 29, 2020

A Disclosure Form for Work Submitted to Medical Journals — A Proposal from the International Committee of Medical Journal Editors

D.B. Taichman and Others
DOI: 10.1056/NEJMe2000647 | January 27, 2020

Medical Journals and the 2019-nCoV Outbreak

E.J. Rubin, L.R. Baden, S. Morrissey, and E.W. Campion
DOI: 10.1056/NEJMe2001329 | January 27, 2020

Another Decade, Another Coronavirus

S. Perlman
DOI: 10.1056/NEJMe2001126 | January 24, 2020

HEALTH POLICY REPORT

Understanding the Rewards of Successful Drug Development — Thinking Inside the Box

D. Khullar, J.A. Ohn, M. Trusheim, and P.B. Bach
N Engl J Med 2020;382:473-480

CLINICAL IMPLICATIONS OF BASIC RESEARCH

Prime Time for Genome Editing?

F.D. Urnov
N Engl J Med 2020;382:481-484

Question of the Week

What is the most likely cause of 2 days of fatigue, anorexia, oliguria, and mild confusion in an 83-year-old man who takes lisinopril and furosemide, who had symptoms of an upper respiratory tract infection 8 days ago with limited oral intake and anorexia, who self-treated those symptoms with naproxen and acetaminophen with initial resolution of the symptoms, and whose laboratory testing now shows granular casts in the urine with renal failure (serum creatinine, 4.6 mg/dL [reference range, 0.8–1.3])?

- Henoch–Schönlein purpura
- Medication-induced acute kidney injury

CORRESPONDENCE

Longer-Term Outcomes of the ProACT Trial

Ticagrelor or Prasugrel in Acute Coronary Syndromes

Statins for Familial Hypercholesterolemia from Childhood

Identification from MRI with Face-Recognition Software

Retraction: Retinal Hemorrhage from Blunt Ocular Trauma. N Engl J Med 2019;381:2252.
Published Online December 23, 2019

Retraction: Banegas JR et al. Relationship between Clinic and Ambulatory Blood-Pressure Measurements and Mortality. N Engl J Med 2018;378:1509-20.
DOI: 10.1056/NEJMc2001445 | January 29, 2020

Importation and Human-to-Human Transmission of a Novel Coronavirus in Vietnam
DOI: 10.1056/NEJMc2001272 | January 28, 2020

- Hemolytic–uremic syndrome
- Immunoglobulin A nephropathy
- Interstitial nephritis

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The New England Journal of Medicine
860 Winter Street
Waltham, MA 02451
USA

From: NEJM
To: Lannette Linthicum
Subject: 2019 Novel Coronavirus — Recently Published on NEJM.org, February 18, 2020
Date: Tuesday, February 18, 2020 4:39:16 PM

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Recently Published, February 18, 2020

A special page has been created at NEJM.org with a collection of articles and other resources on the 2019 Novel Coronavirus outbreak, including clinical reports, management guidelines, and commentary.
Visit NEJM.org/coronavirus today >>

CORRESPONDENCE

Evidence of SARS-CoV-2 Infection in Returning Travelers from Wuhan, China

S. Hoehl and Others

FOLLOW US

860 Winter Street
Waltham, MA 02451
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From: NEJM
To: Lannette Linthicum
Subject: 2019 Novel Coronavirus — Recently Published on NEJM.org, January 29, 2020
Date: Wednesday, January 29, 2020 4:17:06 PM

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A special page has been created at NEJM.org with a collection of articles and other resources on the 2019 Novel Coronavirus outbreak, including clinical reports, management guidelines, and commentary.
Visit NEJM.org/coronavirus today >>

ORIGINAL ARTICLE

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia

Q. Li and Others

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USA

From: NEJM
To: Lannette Linthicum
Subject: 2019 Novel Coronavirus — Recently Published on NEJM.org, January 27–28, 2020
Date: Tuesday, January 28, 2020 4:11:46 PM

Recently Published, January 27–28, 2020

A special page has been created at NEJM.org with a collection of articles and other resources on the 2019 Novel Coronavirus outbreak, including clinical reports, management guidelines, and commentary.
Visit NEJM.org/coronavirus today >>

EDITORIAL

Medical Journals and the 2019-nCoV Outbreak

E.J. Rubin, L.R. Baden, S. Morrissey, and E.W. Campion

CORRESPONDENCE

Importation and Human-to-Human Transmission of a Novel Coronavirus in Vietnam

L.T. Phan and Others

FOLLOW US

The New England Journal of Medicine
860 Winter Street
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USA

From: NEJM
To: Lannette Linthicum
Subject: 2019 Novel Coronavirus — Recently Published on NEJM.org, January 30–31, 2020
Date: Friday, January 31, 2020 12:13:51 PM

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Recently Published, January 30–31, 2020

A special page has been created at NEJM.org with a collection of articles and other resources on the 2019 Novel Coronavirus outbreak, including clinical reports, management guidelines, and commentary.
Visit NEJM.org/coronavirus today >>

ORIGINAL ARTICLE

Brief Report: First Case of 2019 Novel Coronavirus in the United States

M.L. Holshue and Others

CORRESPONDENCE

Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

C. Rothe and Others

FOLLOW US

The New England Journal of Medicine
860 Winter Street
Waltham, MA 02451
USA

From: Ojo, Olugbenga B.
To: Lannette Linthicum
Cc: Murray, Owen J.; Ojo, Olugbenga B.
Subject: CORONA VIRUS TASK FORCE
Date: Monday, January 27, 2020 7:36:22 AM
Attachments: image001.png

Good Morning Dr. Linthicum,

UTMB has created a Corona Virus Task force in light of the epidemic of the virus in China and the confirmed cases in the USA.

Members of the multidisciplinary Task Force met last Friday (01/24/2020) to brainstorm and discuss UTMB's response should there be an outbreak in the US or Texas. The meeting also included participants from the CDC as well as UTMB's emergency response.

The summary of the meetings are as follows:

- Currently, UTMB's plan is in line with CDC and NETEC recommendations.
- Suspicious patients should be placed in Airborne and or Droplet precautions (if Airborne unavailable)
- No change in PPE recommendations at this time.
- 5 Confirmed cases in the USA (all have recently traveled to China)
- Current estimates are that the fatality rate of the Corona Virus is about 3%
- UTMB has been and will continue to be in touch with DSHS as well as Galveston County Health Department.
- Efforts are currently in place to reach out to UTMB employees currently in China
- The Task Force will continue to meet weekly or sooner if the situation changes.

UTMB will probably be at the epicenter of any response in Texas if there is an epidemic in Texas. I will keep you updated with new developments and or further announcements!

Sincerely,

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140

F 409.747.6270
E obojo@utmb.edu

From: Ojo, Olugbenga B.
To: Lannette Linthicum
Subject: CORONAVIRUS
Date: Friday, February 21, 2020 11:59:18 AM
Attachments: image001.png
Importance: High

Good Afternoon Dr. L,

I have put together a Coronavirus planning and response meeting for Wednesday, Feb. 26th at noon.

The UTMB and CDC experts will be on hand. I have extended an invite to Dr. Coglianese and Chris-Black Edwards.

Would you like to attend?

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
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From: Hilton, Shirley A.
To: Coates, Kelly; Keiser, Philip; Patel, Janak A.; Murray, Owen J.; Jackson, Victor; Smith, Monte K.; Mastrangelo, Mike; Kuebler, Charles; Robison, Justin R.; Abbott, Kirk D.; Chris Black-Edwards; Carol Lynn Coglianese; Kovacevich, Marjorie M.; Owens, Edward G.; Lannette Linthicum; Melissa Kimbrough; Williams, Anthony K.
Subject: Coronavirus Planning & Response Meeting on February 26th
Date: Tuesday, February 25, 2020 3:33:41 PM
Attachments: image001.png
image002.png
Coronavirus planning response mtg 2.26.20.pptx

Good afternoon,

Please note that we will have a presentation during tomorrow's meeting and have there for added skype to the meeting invite so all will be able to view it from their computers.

Attached please find the agenda for the meeting.

Thank you,
Shirley

Shirley Hilton
Sr. Administrative Manager
Hospital Galveston

301 University Boulevard, Galveston, TX 77555-0449
P 409.772.6140
F 409.772.7623 E sahilton@utmb.edu

Coronavirus Planning & Response Meeting

February 26, 2020

12:00pm

Facilitator: Olugbenga Ojo, MD, MBA, FACP

Attendees: Owen Murray, DO, MBA; Philip Keiser, MD; Janak Patel, MD; Lannette Linthicum, MD; Victor Jackson, MD; Monte Smith, MD; Carol Lynn Coglianese, MD; Justin Robison, CNO; Kirk Abbott, CNO; Chris Black-Edwards CNO; Melissa Kimbrough; Marjorie Kovacevich; Ed Owens; Charles Kuebler; Kelly Coates; Anthony Williams

Agenda

- Overview of Coronavirus to Date
- Stats
  - Worldwide
    - Infected – 80, 000
    - Deaths – 2,700
  - US
    - Infected – 53
    - Deaths – 0
  - Texas
    - Infected – 6
    - Deaths - 0
- UTMB Planning
- Correctional Care
  - Risk
  - Response
  - Isolation/Quarantine
  - Transportation

From:	Abbott, Kirk D.
To:	Williams, Anthony K.; Coates, Kelly; Horton, Billy E.; Zepeda, Stephanie D.; Penn, Joseph; Echols, Beverly A.; Owens, Edward G.; Robison, Justin R.; Saenz, Hilario; Friesz, Gregory D.; Dotson, Margaret O.; David, Laura D.; DeYoung, Andy G.; Buro, Angie M.; Brown, Paul V.; Peters, Craig M.; Melton, Jenny R.; Geer, Caitlin L.; Jefferson, Arlita K.; Gilmore, Teresa J.; Jamison, Gizelle A.; Robison, Jerri D.; Smith, Monte K.; Vincent, Bobby M.; Donohue, Thomas A.; Mosley, Tonya R.; Marshall-Shaw, Tysh R.; Geddes, James D.; ODonnell, Brian M.; Jamison, Gizelle A.; Pulvino, John S.; Leonardson, Jane E.; Abbott, Kirk D.
Cc:	Murray, Owen J.; Lannette Linthicum; Chris Black-Edwards; Kearney, Charlotte; McLellan, Alison W.; Kovacevich, Marjorie M.
Subject:	Coronavirus
Date:	Wednesday, January 29, 2020 2:23:01 PM
Attachments:	image002.png image004.png
Importance:	High

As you are probably aware from the recent news headlines, the CDC has implemented interim guidance for healthcare professionals regarding the Coronavirus outbreak in China. Given the diversity of our workforce, we have identified several employees who are currently traveling in China and or to surrounding countries currently impacted by the Coronavirus. Following the CDC's lead and in collaboration with our UTMB Infectious Disease colleagues, UTMB Employee Health and TDCJ Health Services in overabundance of caution, have developed a screening / monitoring program for our employees who are returning from or have been in recent close contact with family / friends who have returned from one of these impacted areas.

If you have or suspect any such employees meeting this criteria within your department, please contact me. I will be coordinating our efforts for UTMB-CMC to ensure the safest environment possible for patients and staff.

Thank you,
Kirk

Kirk Abbott, MBA, BSN, RN, CCN/M, CCHP
Regional Chief Nursing Officer
Southern GSA
University of Texas Medical Branch
C: 409-718-6349
kdabbott@utmb.edu

From: Lannette Linthicum
To: Jason Clark; Lorie Davis; Jeremy Desel; Patty Garcia
Cc: Murray, Owen J.; Denise.DeShields@ttuhsc.edu; Kirk Abbott; Dr. Ojo
Subject: Coronovirus
Attachments: DSHS - Institutions Travel Coronavirus 2.3.2020.pdf

---

Please see the attached guidance from the Texas DSHS Commissioner, Dr. Hellerstedt.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

TEXAS Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

February 3, 2020

Texas Higher Education Institutions, School Districts, and State Agencies:

To ensure the risk of novel coronavirus spread in the United States remains low, the U.S. Department of Homeland Security is implementing restrictions on entry into the United States from the People's Republic of China. In a complementary action, the U.S. Centers for Disease Control and Prevention (CDC) is implementing public health measures to monitor and quarantine entering travelers who are at risk of carrying novel coronavirus. These measures were implemented February 2, 2020, and are in line with the presidential proclamation issued by President Trump on January 31, 2020.

The United States Department of State continues its Level 4: Do Not Travel Advisory for China. Based on this, commercial airlines have reduced or altogether suspended routes to and from China. The full travel advisory can be read here.

The State of Texas encourages everyone to heed the advice of the State Department and the CDC and avoid travel to China. Universities, schools, and state agencies who have employees or students in China should arrange to return their people to the United States or move them to another area without ongoing coronavirus spread.

All flights from China are being funneled through a limited number of U.S. airports to ensure consistent screening and handling of incoming passengers who may have been exposed to novel coronavirus. The CDC will require 14 days of monitoring or quarantine for entering travelers who are at risk for coronavirus according to CDC-established parameters. The CDC is updating and maintaining guidance on entry into the U.S. on its novel coronavirus website at: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

The Texas Department of State Health Services (DSHS) is available as a resource to you for questions regarding health risks and monitoring of individuals who are under investigation for coronavirus, including individuals returning to the United States. The DSHS Novel Coronavirus webpage is being continually updated as new

information emerges to provide the latest and most science-based guidance for Texans: www.dshs.texas.gov/coronavirus/.

The situation in China is fluid and will continue for an unknown amount of time. It is important for entities to ensure their people are moved outside of the outbreak area and then returned home as soon as possible. DSHS stands ready to assist you as Texans return to our communities. In the event you need information or have questions, please contact coronavirus@dshs.texas.gov.

Sincerely,

John Hellerstedt, M.D.
Commissioner

From: Lannette Linthicum
To: Chris Black-Edwards
Subject: Fw: CORONA VIRUS TASK FORCE
Attachments: image001.png

FYI

Lannette Linthicum, MD, CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Two Financial Plaza, Suite 625
Huntsville, TX 77340
(936) 437-3542 (work)
(936) 437-3541(fax)

From: Lannette Linthicum
Sent: Tuesday, January 28, 2020 1:44 PM
To: Patty Garcia <Patty.Garcia@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Cc: Carol Lynn Coglianese <Carol.Lynn.Coglianese@tdcj.texas.gov>; Jeremy Desel <Jeremy.Desel@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>
Subject: FW: CORONA VIRUS TASK FORCE

Please see email below that I received regarding efforts at UTMB for surveillance of coronavirus. To date, there have been no cases in the state of Texas. I am not aware if TDCJ has any employees who have recently traveled to China or plan travel to China in the near future. I know there is a small Asian population of offenders in TDCJ. Not sure if any of their visitors would have been recent travelers to China or other countries with known cases. After consultation with the TDCJ infectious disease physician; the agency probably does NOT at this time need to implement any policy or guidelines for visitors or staff. The TDCJ office of Public Health will continue to stay abreast of all information disseminated by the U.S. Centers for Disease Control and Prevention (CDC) . Either Chris or myself will update you as warranted.
Thank You.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Monday, January 27, 2020 7:36 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>

Subject: CORONA VIRUS TASK FORCE

Good Morning Dr. Linthicum,

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Sincerely,

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270

E obojo@utmb.edu

From: Lannette Linthicum
To: Chris Black-Edwards
Subject: Fw: CORONA VIRUS TASK FORCE
Attachments: image001.png

FYI

Lannette Linthicum, MD, CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Two Financial Plaza, Suite 625
Huntsville, TX 77340
(936) 437-3542 (work)
(936) 437-3541(fax)

From: Lannette Linthicum
Sent: Tuesday, January 28, 2020 1:44 PM
To: Patty Garcia <Patty.Garcia@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Cc: Carol Lynn Coglianese <Carol.Lynn.Coglianese@tdcj.texas.gov>; Jeremy Desel <Jeremy.Desel@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>
Subject: FW: CORONA VIRUS TASK FORCE

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Thank You.
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Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Monday, January 27, 2020 7:36 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>

Subject: CORONA VIRUS TASK FORCE

Good Morning Dr. Linthicum,

UTMB has created a Corona Virus Task force in light of the epidemic of the virus in China and the confirmed cases in the USA.

Members of the multidisciplinary Task Force met last Friday (01/24/2020) to brainstorm and discuss UTMB's response should there be an outbreak in the US or Texas. The meeting also included participants from the CDC as well as UTMB's emergency response.

The summary of the meetings are as follows:

- Currently, UTMB's plan is in line with CDC and NETEC recommendations.
- Suspicious patients should be placed in Airborne and or Droplet precautions (if Airborne unavailable)
- No change in PPE recommendations at this time.
- 5 Confirmed cases in the USA (all have recently traveled to China)
- Current estimates are that the fatality rate of the Corona Virus is about 3%
- UTMB has been and will continue to be in touch with DSHS as well as Galveston County Health Department.
- Efforts are currently in place to reach out to UTMB employees currently in China
- The Task Force will continue to meet weekly or sooner if the situation changes.

UTMB will probably be at the epicenter of any response in Texas if there is an epidemic in Texas. I will keep you updated with new developments and or further announcements!

Sincerely,

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270

E obojo@utmb.edu

From:	Melissa Kimbrough
To:	Lannette Linthicum
Cc:	Chris Black-Edwards
Subject:	FW: Guidance for Universities and Higher Education, Independent School Districts, and State Agencies Regarding Novel Corona Virus 020320
Date:	Monday, February 3, 2020 1:52:43 PM
Attachments:	image001.png DSHS - Institutions Travel Coronavirus 2.3.2020.pdf

Just an FYI in case you haven't received anything directly.

Melissa A. Kimbrough
TDCJ Emergency Management
W: 936.437.6038
C: 936.581.9848

From: State of Texas SOC2 <SOC2@dps.texas.gov>
Sent: Monday, February 3, 2020 11:46 AM
Subject: Guidance for Universities and Higher Education, Independent School Districts, and State Agencies Regarding Novel Corona Virus 020320

The attached information is provided to you by the State Operations Center on behalf of the Texas Department of State Health Services.

Texas State Operations Center
Texas Division of Emergency Management
512-424-2208
www.tdem.texas.gov

TEXAS Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

February 3, 2020

Texas Higher Education Institutions, School Districts, and State Agencies:

To ensure the risk of novel coronavirus spread in the United States remains low, the U.S. Department of Homeland Security is implementing restrictions on entry into the United States from the People's Republic of China. In a complementary action, the U.S. Centers for Disease Control and Prevention (CDC) is implementing public health measures to monitor and quarantine entering travelers who are at risk of carrying novel coronavirus. These measures were implemented February 2, 2020, and are in line with the presidential proclamation issued by President Trump on January 31, 2020.

The United States Department of State continues its Level 4: Do Not Travel Advisory for China. Based on this, commercial airlines have reduced or altogether suspended routes to and from China. The full travel advisory can be read here.

The State of Texas encourages everyone to heed the advice of the State Department and the CDC and avoid travel to China. Universities, schools, and state agencies who have employees or students in China should arrange to return their people to the United States or move them to another area without ongoing coronavirus spread.

All flights from China are being funneled through a limited number of U.S. airports to ensure consistent screening and handling of incoming passengers who may have been exposed to novel coronavirus. The CDC will require 14 days of monitoring or quarantine for entering travelers who are at risk for coronavirus according to CDC-established parameters. The CDC is updating and maintaining guidance on entry into the U.S. on its novel coronavirus website at: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

The Texas Department of State Health Services (DSHS) is available as a resource to you for questions regarding health risks and monitoring of individuals who are under investigation for coronavirus, including individuals returning to the United States. The DSHS Novel Coronavirus webpage is being continually updated as new

information emerges to provide the latest and most science-based guidance for Texans: www.dshs.texas.gov/coronavirus/.

The situation in China is fluid and will continue for an unknown amount of time. It is important for entities to ensure their people are moved outside of the outbreak area and then returned home as soon as possible. DSHS stands ready to assist you as Texans return to our communities. In the event you need information or have questions, please contact coronavirus@dshs.texas.gov.

Sincerely,

John Hellerstedt, M.D.
Commissioner

From: Carol Lynn Coglianese
To: Lannette Linthicum
Subject: RE: CORONA VIRUS TASK FORCE
Date: Wednesday, January 29, 2020 9:21:55 AM
Attachments: image001.png

Dr Linthicum,

Thank you for this information. I will contact Dr Ojo to see when the next meeting for the Corona Virus Task Force
Meeting will be and will try to conference call into the meeting.

Dr. Coglianese

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, January 28, 2020 1:44 PM
To: Patty Garcia <Patty.Garcia@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Cc: Carol Lynn Coglianese <Carol.Lynn.Coglianese@tdcj.texas.gov>; Jeremy Desel <Jeremy.Desel@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>
Subject: FW: CORONA VIRUS TASK FORCE
Importance: High

Please see email below that I received regarding efforts at UTMB for surveillance of coronavirus. To date, there have been no cases in the state of Texas. I am not aware if TDCJ has any employees who have recently traveled to China or plan travel to China in the near future. I know there is a small Asian population of offenders in TDCJ. Not sure if any of their visitors would have been recent travelers to China or other countries with known cases. After consultation with the TDCJ infectious disease physician; the agency probably does NOT at this time need to implement any policy or guidelines for visitors or staff. The TDCJ office of Public Health will continue to stay abreast of all information disseminated by the U.S. Centers for Disease Control and Prevention (CDC) . Either Chris or myself will update you as warranted.
Thank You.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Monday, January 27, 2020 7:36 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
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Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270
E obojo@utmb.edu

From: Jason Clark
To: Lannette Linthicum
Cc: Renee Warren
Subject: Re: CMHC plan
Date: Sunday, March 15, 2020 3:07:25 PM

Appreciate it.

Sent from my IPhone

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Sunday, March 15, 2020 2:48:50 PM
To: Jason Clark <Jason.Clark@tdcj.texas.gov>
Cc: Renee Warren <Renee.Warren@tdcj.texas.gov>
Subject: Re: CMHC plan

Health Services had a meeting last Wednesday with several other divisions. We laid out a draft pandemic flu plan . I will have to email it to you on Monday.Renee please make sure you email the plan to Mr. Clark as soon as you get in the office.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Jason Clark <Jason.Clark@tdcj.texas.gov>
Sent: Sunday, March 15, 2020 1:15:08 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: CMHC plan

Dr. L,

Do you have a copy or a place where I can find the plan that speaks to respiratory illnesses? Trying to become familiar with it. Thanks.

~JC

Sent from my IPhone

From:	Renee Warren on behalf of Lannette Linthicum
To:	Chris Black-Edwards; Lorie Davis; Billy Hirsch; Travis Turner; Marvin Dunbar; Jeri Hair; Melissa Kimbrough; Patty Garcia; Robison, Justin R.; Kirk Abbott; Allison Dunbar; Kelly Coates; Williams, Anthony K.; Owen Murray; Denise DeShields; Mike Jones; Monte Smith; Beverly A. Echols; Penn, Joseph
Cc:	Shannon Deveney; Karen Hall
Subject:	Updated Action Items COVID-19 And Updated TDCJ COVID-19 Screening Form
Attachments:	ACTION ITEMS COVID-19.docx TDCJ COVID-19 Screening_2020-03-10.docx
Importance:	High

Good Afternoon All,

I have updated and shortened the TDCJ COVID-19 Screening Form for employees/visitors. Also, I have updated the Action Items for the TDCJ pandemic flu plan COVID-19. Both are attached above.

Thank you,

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

ACTION ITEMS

Item Number	Item Description	Responsible Party
1.	TDCJ Pandemic Flu Plan updated.	Health Services Division
2.	All TDCJ units need to be stocked with adequate personal protective equipment (PPE).	CID, Emergency Management, ARRM and MAL
3.	Training on proper use of PPE with specific emphasis on the correct way to place and remove masks and gloves.	University Providers
4.	Clinical isolation and medical restriction management.	TDCJ Health Services Division Office of Public Health and University Providers
5.	Establishing a systemwide cleaning and housekeeping plan at all TDCJ units and offices. The cleaning schedule will include surface cleaning of various objects and surfaces per shift.	All divisions
6.	Employee and visitor screening for COVID-19.	All divisions
7.	Transportation precautions of offenders under investigation and offenders under monitoring.	Health Services Division, CID and PFCMOD
8.	Prison management/unit operations changes impacted by COVID-19 (e.g. incoming and outgoing chains; offender transports; county jail intakes; showering, feeding schedules, etc.).	CID, PFCMOD and Health Services Division
9.	Testing coordination with local public health authorities and DSHS.	Health Services Division
10.	Reporting of cases both suspect and confirmed.	Health Services Division and Emergency Management
11.	Medical supplies and equipment needed for pandemic flu.	Health Services Division and University Providers
12.	Workforce impact from COVID-19.	All divisions
13.	Screening procedures for counties where offenders do not spend 14 days in custody prior to transfer to TDCJ.	CID, Health Services Division and University Providers

TDCJ COVID-19 Screening

Date: _____

Employee/Visitor Name: _____ DOB: _____

Travel Screen Abroad

1. Have you traveled to COVID-19 Outbreak Country* in the last 30 days?
   ☐ Yes ☐ No
2. Have you been in contact with anyone who tested positive for COVID-19 in the past 30 days?
   ☐ Yes ☐ No

Travel Screen in Texas

1. Have you been in contact with anyone who tested positive for COVID-19 in Texas in the past 30 days?
   ☐ Yes ☐ No

Travel Screen in USA

1. Have you been in contact with anyone who tested positive for COVID-19 in the USA in the past 30 days?
   ☐ Yes ☐ No

If Travel Screen is positive, complete symptoms screen.
Does the individual have any of the following?

1. Fever above 100.4F? ☐ Yes ☐ No Result_____

2. Cough? ☐ Yes ☐ No

3. Shortness of breath (SOB) ☐ Yes ☐ No

***COVID-19 Outbreak Countries as of March 2, 2020:**
China ** South Korea ** Japan ** Italy ** Iran

*** COVID-19 Cases in Texas as of March 10, 2020:**
Collin County ** Fort Bend County ** Harris County ** Gregg County ** Montgomery County ** Dallas County ** Tarrant County

If the staff member or visitor answers yes to any question in the symptoms screen and/or has a fever, contact the administrative/field supervisor for Parole and administrative offices. For facility/unit base staff contact the duty warden for further instructions.

From:	Lannette Linthicum
To:	Chris Black-Edwards; Murray, Owen J.; DeShields Denise; Will Rodriguez (will.rodriguez@ttuhsc.edu); Tony Williams; Kelley Coates; Justin Robison; Kirk Abbott; Beverly Echols; Joseph V. Penn; Marjorie Kovacevich; Monte Smith
Subject:	Fwd: Procedures for COVID-19 and Screening Form
Attachments:	Procedures Implemented in Response to COVID-19 - 03-11-2020.docx TDCJ COVID-19 Screening 03-11-2020.docx

Fyi
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Shannon Deveney <Shannon.Deveney@tdcj.texas.gov>
Sent: Wednesday, March 11, 2020 5:30:15 PM
To: Andrew Barbee <Andrew.Barbee@tdcj.texas.gov>; Angie McCown <Angie.Mccown@tdcj.texas.gov>; April Zamora <April.Zamora@tdcj.texas.gov>; Bobby Lumpkin <Bobby.Lumpkin@tdcj.texas.gov>; Carey Green <Carey.Green@tdcj.texas.gov>; Christopher Cirrito <christopher.cirrito@tdcj.texas.gov>; Cody Ginsel <Cody.Ginsel@tdcj.texas.gov>; Cris Love <Cris.Love@tdcj.texas.gov>; David Yebra <David.Yebra@tdcj.texas.gov>; Frank Inmon <Frank.Inmon@tdcj.texas.gov>; Giustina Persich <Giustina.Persich@scfo.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>; Karen Hall <Karen.Hall@tdcj.texas.gov>; Jeremy Desel <Jeremy.Desel@tdcj.texas.gov>; Robert Hurst <Robert.Hurst@tdcj.texas.gov>; Kristen Worman <Kristen.Worman@tdcj.texas.gov>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>; Marvin Dunbar <Marvin.Dunbar@tdcj.texas.gov>; Melvin Neely <melvin.neely@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>; Pamela Thielke <pamela.thielke@tdcj.texas.gov>; Patty Garcia <Patty.Garcia@tdcj.texas.gov>; Rene Hinojosa <rene.hinojosa@tdcj.texas.gov>; Ron Steffa <Ron.Steffa@tdcj.texas.gov>; Allison Dunbar <Allison.Dunbar@tdcj.texas.gov>; Rebecca Waltz <Rebecca.Waltz@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Kristina.hartman@wsdtx.org <Kristina.hartman@wsdtx.org>; Jill Durst <Jill.Durst@tdcj.texas.gov>; Joseph Buttitta <Joseph.Buttitta@tdcj.texas.gov>
Subject: Procedures for COVID-19 and Screening Form

As discussed in the COVID-19 meeting this afternoon, see the attached documents.

Thank you,

Shannon Deveney
Executive Assistant
Executive Director's Office
(936) 437-2122 Office
(936) 437-2123 Fax

Texas Department of Criminal Justice

Procedures Implemented in Response to COVID-19

March 11, 2020

The Texas Department of Criminal Justice (TDCJ) remains in continuous communication with the Center for Disease Control, the Texas Division of Emergency Management, the Texas Department of State Health Services, and its university healthcare providers to monitor developments associated with the spread of COVID-19. To ensure the health and safety of employees and offenders, the agency is implementing the following steps to prevent and mitigate the spread of the virus:

TRAVEL:

- Staff should limit any unnecessary domestic traveling.
- Agency travel should be limited unless it is an absolute necessity.
- Any international travel must be approved by the employee's division director, and if approved, the employee may be required to delay their return to work.

ILLNESSES:

- If an employee feels ill or is running a fever, they are advised to stay home.
- If an employee begins to feel ill at work, and they are assigned to an area where the Coronavirus has been confirmed, they will be required to complete the TDCJ COVID-19 Screening.
- Based on the completion of the Screening, if an employee appears to be ill, they will be sent home and will be required to submit a physician's note stating the employee is clear of any symptoms of COVID-19 upon returning to work.

VISITATION:

- Any units located within an "affected" county (list can be located https://dshs.texas.gov/coronavirus) will require visitors to complete the TDCJ COVID-19 Screening.
- Any visitors who reside in an "affected" county will be required to complete the TDCJ COVID-19 Screening.
- Should any visitor not meet the requirements, or demonstrates signs of illness, visitation will not be approved.

SANITATION:

- ALL staff are reminded to take proper housekeeping/cleaning steps both in their personal office space as well as their total work environments.
- Staff are asked to use good hygiene practices, frequently wash hands thoroughly, and refrain from touching their eyes, nose, and mouth.

The agency will continue monitoring the situation for as long as necessary and will provide additional communication if there are any new developments.

TDCJ COVID-19 Screening

Date: _____

Employee/Visitor Name: _____ DOB: _____

Initial Screening

1. Have you traveled to a COVID-19 Outbreak Country* in the last 30 days?
   ☐ Yes ☐ No

2. Do you reside in or have you visited a county in Texas with COVID-19 cases* in the last 30 days?
   ☐ Yes ☐ No

3. Have you visited another state in the USA that has confirmed COVID-19 cases in the last 30 days?
   ☐ Yes ☐ No

4. Have you been in contact with anyone who tested positive for COVID-19 in the past 30 days?
   ☐ Yes ☐ No

If Initial Screen is positive, complete symptoms screen.

Does the individual have any of the following?

1. Fever above 100.4F? ☐ Yes ☐ No Result_____

2. Cough? ☐ Yes ☐ No

3. Shortness of breath? ☐ Yes ☐ No

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If the employee answers yes to any question in the symptoms screen and/or has a fever, they will be sent home and will be required submit a physician's note stating the employee is clear of any symptoms of COVID-19 before returning to work.
If the visitor answers yes to any question in the symptoms screen and/or has a fever, they will not be approved for visitation.

From:	Shannon Deveney
To:	Andrew Barbee; Angie McCown; April Zamora; Bobby Lumpkin; Carey Green; Christopher Cirrito; Cody Ginsel; Cris Love; David Yebra; Frank Inmon; Giustina Persich; Jason Clark; Karen Hall; Jeremy Desel; Robert Hurst; Kristen Worman; Lannette Linthicum; Lorie Davis; Marvin Dunbar; Melvin Neely; Oscar Mendoza; Pamela Thielke; Patty Garcia; Rene Hinojosa; Ron Steffa; Allison Dunbar; Rebecca Waltz; Melissa Kimbrough; Kristina.hartman@wsdtx.org; Jill Durst; Joseph Buttitta
Subject:	Procedures for COVID-19 and Screening Form
Date:	Wednesday, March 11, 2020 5:31:55 PM
Attachments:	Procedures Implemented in Response to COVID-19 - 03-11-2020.docx TDCJ COVID-19 Screening 03-11-2020.docx

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Thank you,

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Executive Assistant
Executive Director's Office
(936) 437-2122 Office
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From: Zepeda, Stephanie D.
To: Lannette Linthicum
Subject: Historical Documents
Date: Tuesday, March 17, 2020 10:41:50 AM
Attachments: Updated guidance for medical.doc
Swine Flu for Cliniciains.doc
What is Medical Restriction.doc
Summary of TDCJ Influenza Plan FY10.doc

Hi Dr. L,

Attached are the forms used during the H1N1 season. The group is working on updating them for COVID-19.

Let me know if you have any questions.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200, Conroe, TX 77304
P 936.494.4176
M 713.504.4201
F 936.760.0396
E sdzepeda@utmb.edu

Updates Swine Flu Guidance
5/1/09

The guidance in the document "Swine Flu for Clinicians" dated 4/27/09 is still in effect, except for the section on treatment. See below for updated guidance.

Screening of offenders at intake units

All offenders chaining in to intake units from non-TDCJ (including private) facilities must be screened as soon as possible after getting out of the vehicle that transported them to the unit. All offenders must be cleared by screening before they are comingled with offenders coming in as another group.

Screening consists of, at a minimum:

1. Being asked if they have a recent onset (within the last 7 days) of a new cough or sore throat). Intake officer staff will ask these questions.
2. Medical staff taking and recording the offender's temperature. Offenders who admit to symptoms should be prioritized to be seen first.
3. Results of the screening may be recorded on a list of the incoming offenders or by other means that is worked out locally.
4. A unit may develop another process for doing this as long as the screening is accomplished promptly on the offender's arrival.

If an incoming offender has fever over 100 degrees and a new onset cough or sore throat, he must be placed in droplet isolation and separated from other offenders immediately. He should be medically evaluated and a diagnostic specimen taken to rule out swine influenza. If a single cell is not immediately available, he should be placed at least 6 feet from other staff and offenders and made to wear a surgical mask. Other offenders will be placed under medical restriction for a minimum of 7 days. This may be done through the medical restriction that is already placed on incoming offenders, but as much as possible these offenders should be kept separate from the general population and medically restricted offenders who come to the unit on other transportation.

Offenders on medical restriction do not have to wear a mask unless they must leave their housing area for some reason. They may undergo the usual intake diagnostic evaluation, but should be questioned about symptoms of influenza before being taken from the housing area and be kept at least 6 feet from offenders from other housing areas as much as possible.

Personal Protective Apparel

TDCJ and medical staff meeting offenders at the back door and doing the initial evaluation before the offender has been screened for cough, sore throat or fever should wear N95 particulate respirator masks and gloves. Gloves can be discarded in regular

trash after use, and hands must be washed immediately after removing the gloves. This would also apply to staff screening employees and visitors at the entrance to the facility.

Offenders who are in droplet isolation as a suspected case of influenza must wear a surgical mask whenever they must leave their isolation cell. Security and medical staff who must be within 6 feet of these offenders should wear N95 particulate respirator masks. Additional PPA may be needed if there will be physical contact with the patient or if there is likelihood of extensive exposure to body fluids. Goggles may be needed if a procedure is done that may cause eye exposure to respiratory droplets.

N95 masks may be reused as long as they are not contaminated with body fluids and are not difficult to breathe through. Reusable PPA, such as goggles or face shields should be disinfected after each use. Hands must be washed after touching or removing any PPA.

All waste generated when caring for suspected influenza patients is considered regular medical waste and may be disposed of in the usual manner, unless it is contaminated with body fluids to the extent that it meets the usual definition of special medical waste.

There has been some confusion about use of PPA that was generated by a message that went directly to UTMB employees from campus and applied to campus facilities. Be sure you are following the guidance from Preventive Medicine that is distributed through your Correctional Managed Health Care administration.

Treatment of suspected cases

The use of oseltamivir should be considered for treatment of any confirmed, probable of strongly suspected case of swine flu unless there are contraindications. A confirmed case is one with laboratory confirmation. A probable case is a patient with a clinical syndrome compatible with influenza who is a close contact of a confirmed case within the preceding 7 days. A suspected case is a patient with a clinical syndrome strongly suggestive of influenza.

Oseltamivir is most effected if started within the first 24-48 hours of symptoms, but should be considered even if the patient has had symptoms longer than 48 hours. Dosage and warnings were given in the document “Swine Flu for Clinicians” dated 4/27/09. In addition, guidance from the Department of State Health Services states that pregnancy should not be considered a contraindication to the use of oseltamivir. See the web page, http://www.dshs.state.tx.us/swineflu/antivirals_in_pregnancy.shtm for more detailed information.

At the present time chemoprophylaxis is recommended for close contacts of confirmed or probably cases of swine flu. However, if the exposure was more than 7 days previously, chemoprophylaxis is not indicated. See “Swine Flu for Clinicians” dated 4/27/09 for details on the dosage for chemoprophylaxis.

Testing for Swine Flu

There is currently a shortage of viral transport tubes for testing for swine flu. Some units have been successful in obtaining testing through their local hospital or their local health department. If a specimen is not sent directly to the DSHS laboratory, please make sure that whoever does the initial test will forward the specimen to DSHS even if the initial test is negative. Currently, only specimens submitted to DSHS can definitively be confirmed or ruled out for swine flu.

Some hospitals do a rapid test for influenza. The performance of this test for detecting swine flu is unknown. A positive test does not confirm swine flu, nor does a negative test rule it out.

Notification of cases

Be sure that medical staff immediately notify the warden if there is a suspected or confirmed case of swine flu on the unit.

Preventive Medicine must receive by 9:00 each day a count of the number of patients seen the previous day who meet the case definition of an influenza-like illness (temperature over 100 degrees and new onset of cough or sore throat). Negative reports are required. In addition, please provide the name and TDCJ number of any offender who is tested for influenza. The report should be sent by EMR email to the Preventive Medicine Group, and the email must identify the unit reporting and the date the report covers. Reports for the weekend can be sent on Monday, as long each day's numbers are separate.

Any confirmed case must be reported immediately. After hours notify the duty warden.

Summary of currently active containment guidelines:

1. Increase awareness of flu symptoms and the importance of handwashing among staff and offenders.
2. Staff may use an alcohol based hand rub instead of washing if hands are not visibly soiled and local security procedures allow them to carry it.
3. Visitors and staff are screened at the entrance to the facility. Visitors who have symptoms or recent exposure may not be allowed on the unit, to be determined by the security supervisor. Staff who have symptoms may not be allowed on the unit, to be determined by the security supervisor.
4. Offenders entering TDCJ from county at intake facilities will be screened for cough, sore throat or fever and placed in isolation if they meet the definition of an influenza-like illness. Others on their chain will be medically restricted.
5. All other new intakes will be under medical restriction for at least 3 days and up to 7 days if possible after arrival.
6. Follow procedures outlined in CMHC Policy E-37.4 for offenders under medical restriction.

7. Security and medical staff who are screening at the front or back door will wear particulate respirator masks.
8. Offenders returning from overnight or longer bench warrants will be placed in medical restriction for 7 days.
9. Medical departments will implement the Infirmary Rapid Triage pathway distributed earlier this week with the “Swine Flu for Clinicians” dated 4/27/09 document.
10. Units will enhance disinfection of the environment, with emphasis on surfaces that have frequent hand contact.
11. Security and medical must work together to make contingency plans for isolating and placing on medical restriction large numbers of offenders.
12. Offenders are screened for new onset of cough or sore throat, and, if possible have their temperature taken, before allowing them on a chain bus. Chain bus seats, handrails and other surfaces potentially contaminated by hand contact will be disinfected after each trip.

What is Medical Restriction?

Medical restriction is the term used in TDCJ for offenders who are being kept separated from the rest of the offender population because they have been exposed to a potentially infectious disease. The proper terminology is “quarantine,” but because the ability to mandate quarantine is reserved for public health authorities, we use “medical restriction instead.

Offenders under medical restriction are not contagious unless they develop the infection. The reason to restrict them even when they are not ill is because many infections become contagious one day or more before the symptoms begin. The duration of medical restriction depends on the incubation of the disease for which it is imposed.

Offenders under medical restriction for influenza are not allowed to mingle with the rest of the unit population. However, they may dine, shower and attend recreation with their housing group only, as long as the dining hall tables, chairs, handrails, serving line, benches, athletic equipment and other areas prone to hand touching are disinfected afterward. As long as they are not having symptoms of cough, sneezing or nasal discharge they do not have to wear a mask when they are being escorted to these activities or when they are engaged in these activities.

If an offender in medical restriction is ill and needs to be evaluated by medical, they should wear a surgical mask when they leave their housing area.

If an offender in medical restriction is a new intake, they may be escorted to medical for their intake evaluation if they have no symptoms. These offenders should be processed as a group if possible. They should be escorted directly to the exam room if possible. If they must wait, they should be in a waiting area separate from non-restricted offenders. They do not have to wear a mask as long as they are asymptomatic. However, since they may shed virus 1 day before symptoms begin, the waiting are they use, as well as portions of the exam room they may have touched with their hands should be disinfected after they are seen. Medical staff who must be within 3 feet in front of the face of these offenders should wear N95 masks during the exam or procedure.

If lack of symptoms is not verified before they leave their housing area, they should wear a surgical mask while out of the housing area.

Offenders in medical restriction must not leave the unit unless absolutely necessary, such as for a medical emergency or release. They should not attend routine medical appointments off the unit. If they must leave the unit for some reason they must go by special transportation.

Swine Flu for Clinicians
April 27, 2009

Swine flu cases have been reported in Guadalupe County, Texas. At present there are no confirmed cases elsewhere in Texas or in TDCJ, but since cases have been found in other states, we will probably start hearing about cases in other parts of the state in the near future..

In many ways swine flu is just like ordinary influenza. It is transmitted the same ways and causes the same symptoms. However, there is concern about this virus because in the past, as well as now in Mexico, there have been more serious infections and deaths than we usually see with seasonal influenza. Even so, most people with swine flu will have an illness similar to seasonal flu and will recover without any special treatment. So far, one case in the United States was hospitalized for a few days, but there have been no deaths.

Unfortunately, swine flu is different enough from ordinary influenza that even if a patient received this season's vaccine, they may still be susceptible.

Transmission of influenza

Influenza is transmitted in small respiratory droplets that are created when an infected person coughs or sneezes. If these droplets get in another person's eyes, nose or mouth, they can catch influenza. The droplets only travel 3-6 feet, so separating people by several feet can reduce transmission.

These droplets can also contaminate objects in the environment, like a table top, telephone, doorknob, etc. The virus may survive on a contaminated object for 2 hours or longer.

Several disinfectants can remove environmental contamination. Seventy percent alcohol, Lysol or a solution of 1 part bleach to 9 parts water are all effective. Washing hands with soap and water or with an alcohol based hand cleaner will remove contamination from your hands.

Reducing transmission

- Stress good handwashing for staff and offenders, especially before touching the eyes, nose or mouth, and after coughing or sneezeing into your hand.
- Stress covering the nose and mouth when coughing or sneezing.
- Cough or sneeze into tissue or into your sleeve or antecubital space, not into your bare hand.
- Avoid shaking hands
- Avoid touching your eyes, nose or mouth
- Keep your distance (at least 6 feet) from somebody who appears sick with influenza symptoms

Symtoms of Influenza

Typical symptoms of influenza are:

- Cough, sore throat
- Fever over 100° F, chills
- Myalgia
- Headache
- Fatigue
- Sometimes, runny nose, nausea, vomiting or diarrhea

Diagnosis

The Department of State Health Services (DSHS) is requesting that all cases of influenza-like illness (ILI) be tested, with the specimen being sent to the DSHS laboratory in Austin. Instructions for specimen collection are attached (Attachment A).

Instructions for packaging and sending the specimens to the lab can be found at http://www.dshs.state.tx.us/lab/MRS_shipping.shtm. The address for submitting the specimens is Department of State Health Services, Laboratory Services Section, 1100 W. 49th Street, Austin, Texas 78756.

Information on how to request the specimen submission form is at http://www.dshs.state.tx.us/lab/MRS_forms.shtm#email. Your unit's submitter number can be found on the attached spreadsheet. If your unit does not have a submitter number, call the DSHS lab to get one. A copy of the Preventive Medicine G-2A lab form is attached as a sample. Specimens should be submitted by checking the influenza surveillance box in section 10.

You can also have the test done through your usual clinical laboratory, and request that confirmation and typing be done on any that are positive for influenza A. Although the swine flu virus is H1N1, it will probably be untypable with routine typing tests and will have to be submitted to the DSHS reference lab to confirm it is the swine flu strain.

An ILI is defined as cough and/or sore throat with a fever over 100 degrees Fahrenheit. Obviously this will cast a broad net. It is important to realize that the definition of ILI is being used for surveillance purposes and that the actual diagnosis of influenza or suspected influenza lies in the clinician's hands, considering the entire clinical picture.

Treatment

Most cases will require only the usual supportive care with fluids, analgesics and rest. Aspirin should not be given to patients under age 19 with suspected influenza because of the risk of Reyes Syndrome.

For high risk patients (i.e., those for whom influenza vaccine is normally indicated) or those with severe illness, treatment with antiviral medication should be considered. Indications are that the swine flu strain remains susceptible to neuaminidase inhibitors such as oseltamivir (Tamiflu), but 100% of the isolates tested so far have been resistant to amantidine. The dose of oseltamivir is 75 mg BID x 5 days. For patients with mild renal failure (creatinine clearance between 10-30 mL/min) the dose should be reduced

to 75 mg/day x 5 days. There are no data on the safety of oseltamiver in pregnant women. It should be used in pregnant women only if the potential benefit exceeds the potential risk to the fetus.

Signs suggesting need for higher level care

- Shortness of breath
- Abdominal or chest pain
- Hypotension
- Altered mental status
- Severe or persistent vomiting

Isolation of cases

Cases in an inpatient setting must be under droplet isolation (see Infection Control Policy B-14.21. Cases who are not in an inpatient setting must be single celled or housed with another patient with influenza. If there are large numbers of cases, they may be isolated as a group in a dormitory. Isolation should be continued for 7 days after the onset of symptoms or 24 hours after symptoms resolve, whichever is later.

Contacts of cases should be kept under medical restriction (i.e., quarantine) as a cohort until 7 days after the last exposure to a case for everybody in the cohort. If this is not possible, contacts should have their temperature taken and be questioned about symptoms daily. Every effort should be taken to use medical restriction, though.

Clinic triage

It is important to limit the opportunity for transmission of influenza in the clinic. A suggested infirmary triage pathway is attached (Attachment B).

Personal Protective Attire

Healthcare givers should wear a N95 particulate respirator mask whenever they are within 6 feet of a patient with suspected or confirmed influenza. Depending on the procedure, gloves, goggles or a disposable gown may be appropriate.

Reporting

Any positive diagnostic test for influenza must be reported to the Office of Preventive Medicine. This should be done immediately by email or phone during working hours, or by email or fax after working hours. Reporting by email is done through EMR email to the Preventive Medicine Group. The Preventive Medicine fax number is 936-437-3572. This is a secure fax, so protected health information can be sent to this fax number.

It is essential that we have a centralized picture of the status of influenza across the entire system. Therefore, until further notice, each unit must report by email to the Preventive Medicine Group the count of ILI seen the previous day. This report must be sent by 9:00 each morning and must identify the name of the unit in the subject or body of the email. It is important that the providers are identifying patients with ILI and letting the CID or other designated staff know so that accurate reporting can be done.

Attachment A

Submitting Lab Specimens to DSHS

Austin
Viral Isolation Team
Laboratory Services Section, MC 1947
Texas Department of State Health Services
1100 W. 49th Street
Austin, TX 78756-3199
For shipping to the DSHS Austin laboratory, use the G2A form. Under Section 2 "Patient Information" please check the box marked "Outbreak Association," and enter SWINE. Under Section 5, "Payor Source" please check IDEAS.

Dallas
Dallas County Health & Human Services
Attn: Joey Stringer
003 Basement
2377 N Stemmons Freeway
Dallas, TX 75207

El Paso
City of El Paso Dept. of Public Health
Attn: Cesar Perez
4505 Alberta Ave. 2nd Floor
El Paso, TX 79905

Houston
Houston Department of Health Laboratory
Attn: Meilan Beilby
1115 South Braeswood Blvd.
Houston, TX 77030

Tyler
UTHSCT/PHLET
Attn: Jeremy Jordan
11949 US Highway 271
Tyler, TX 75708

Lubbock
City of Lubbock Health Department
Attn: Michael Lipton
BT Response Lab
1902 Texas Ave.
Lubbock, TX 79411

San Antonio
San Antonio Metro Health District Lab – BT
Attn: Patricia Blevins
Bldg 125, B-Level
2509 Kennedy Circle
Brooks City-Base, TX 78235

Tarrant County
Tarrant County Public Health Department
Attn: Rebecca McMath
N Texas Regional Laboratory
1101 S. Main Street
Fort Worth, TX 76104

Specimen Collection Guidelines for Influenza Specimens

Respiratory Specimens

Acceptable specimens for influenza testing include a nasopharyngeal or throat swab, nasal wash, or nasal aspirates. Preferred specimen is a combination throat/nasal pharyngeal swab or oral pharyngeal swab or nasal wash. Other routine respiratory specimens, such as a bronchial wash, or sputum will be acceptable.

Samples should be collected within the first 4 days of illness. **Swabs used for specimen collection should have a Dacron tip and an aluminum or plastic shaft. Swabs with calcium alginate or cotton tips and wooden shafts are not recommended, as these have substances that can interfere with PCR procedure.** Specimens should be put into an approved biohazard bag and placed at 4°C immediately after collection.

Procedure	Influenza Types Detected	Acceptable Specimens	Transport
RT-PCR	A and B	Nasopharyngeal swab, throat swab, nasal wash, bronchial wash, nasal aspirate, sputum	Cold on Ice Packs –or- Frozen on Dry Ice. Submit same day as collection

Transport cold on ice packs or freeze at - 70° C and ship on dry ice. Although specimens are acceptable for culture within 4 days of collection, due to the current situation, please submit specimens the same day as collected.

When influenza A is detected in your clinic by rapid testing methods, please send an aliquot (1-2 ml) of the original suspension (not exposed to test kit reagents) in viral transport media or equal; or if an additional original specimen swab in viral transport media is available, that is preferable.

Go to http://www.dshs.state.tx.us/lab/MRS_forms.shtm to

- Order forms for Laboratory mailing containers and supplies
- Test Request Form Samples and G-9 Form - Laboratory Services
- Obtaining Test Request Forms by email

For additional assistance with specimen submission call:

TEXAS Department of State Health Services

G-2A Specimen Submission Form (SEP 2008) Rev 2

Laboratory Services Section
P. O. Box 149347, Austin, Texas 78714-9347
Courier: 1100 W. 49th Street, Austin, Texas 78756
(888) 963-7111 x7318 or (512) 458-7318
http://www.dshs.state.tx.us/lab

Specimen Acquisitions: (512) 458-7598

Place DSHS Bar Code Label Here

Section 1: SUBMITTER INFORMATION – (REQUIRED)**

Submitter ID Number **: 23830224
Submitter Name **: TDCJ PREVENTIVE MEDICINE
NPI Number **:
Address **: 3009 hwy 30 west
City **: HUNTSVILLE State **: TX Zip Code **: 77342
Phone **: Contact:
Fax: CLIA Code:

Section 2: PATIENT INFORMATION – (REQUIRED)**

NOTE: Patient name on specimen is REQUIRED & MUST match name on the form & Medicaid/Medicare card.

Last Name **: First Name **: MI:
Address **: Telephone Number:
City **: State **: Zip Code **: Country of Origin / Ins-National ID #
DOB (mm/dd/yyyy) **: Age: Sex: SSN: Pregnant? ☐ Yes ☐ No ☐ Unknown
Race: ☐ White ☐ American Indian / Alaska Native ☐ Native Hawaiian / Pacific Islander ☐ Black or African American ☐ Asian ☐ Other
Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Date of Collection ** (REQUIRED): Time of Collection: ☐ AM ☐ PM Collected By:
Medical Record # / Accession #: ICD Diagnosis Code **: Previous DSHS Specimen Lab Number:
Date of Onset: Diagnosis / symptoms: Risk:
☐ Inpatient ☐ Outpatient ☐ Outbreak association: ☐ Surveillance

Section 3: SPECIMEN SOURCE OR TYPE

☐ Abscess (site) ☐ Blood ☐ Blood: Filter paper ☐ Bone marrow ☐ Bronchial washings ☐ Cervical ☐ CSF ☐ Eye ☐ Feces/stool ☐ Gastric
☐ Lesion (site) ☐ Lymph node (site) ☐ Nasopharyngeal ☐ Oral fluid ☐ Plasma ☐ Rectal swab ☐ Serum: Acute date ___/___/___ Convalescent date ___/___/___
☐ Sputum: Induced ☐ Sputum: Natural ☐ Throat swab ☐ Tissue (site) ☐ Urethral ☐ Urine ☐ Vaginal ☐ Wound (site) ☐ Other:

Section 4: REFERENCE SEROLOGY / IMMUNOLOGY

☐ Arbovirus (SLE / West Nile) @ ♦
☐ Aspergillosis Immunodiffusion
☐ Brucellosis § @
☐ Cat-scratch disease IgG § @
☐ Cytomegalovirus ☐ IgG § ☐ IgM
☐ Ehrlichia IgG § !
☐ Fungal CF panel ♦
☐ Hantavirus IgG / IgM § @
☐ Acute Hepatitis Panel
☐ Hepatitis A (total Ab)
☐ Hepatitis A IgM
☐ Hepatitis B surface Ab
☐ Hepatitis B surface Ag ♦
☐ Hepatitis B core (total Ab)
☐ Hepatitis B core IgM
☐ Hepatitis B eAg
☐ Hepatitis B eAb
☐ Hepatitis C IgG ♦
☐ Legionellosis IgG §
☐ Lyme disease IgG / IgM § @
☐ Mumps ☐ IgG § ☐ IgM @
☐ Plague § @
☐ Q fever IgG §
☐ Rickettsia panel (RMSF, typhus) §
☐ Rubella, Syphilis, Hep B sAg ♦
☐ Rubella, Syphilis, Hep B sAg, HIV ♦
☐ Rubella Screen (Title V – Family Planning)
☐ Rubella ☐ IgG § ☐ IgM @
☐ Rubeola ☐ IgG § ☐ IgM @
☐ Toxoplasma ☐ IgG § ☐ IgM
☐ Tularemia § @
☐ Varicella Zoster IgG §
☐ Other @

NOTES: Each test box (except virology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form. Visit our web site at http://www.dshs.state.tx.us/lab
▲ = Document time & date specimens were removed from FREEZER / REFRIGERATOR in the bottom center box.
♦ = Justification is required.
§ = Requires acute and convalescent specimens.
♦ = Supplemental tests will be performed when indicated.
@ = Provide patient history on reverse side of form to avoid delay in specimen processing.

▲ REQUIRED for cold shipments
REMOVAL from FREEZER / REFRIGERATOR
DATE: TIME:

FOR LABORATORY USE ONLY Specimen Received: ☐ Room Temp ☐ Cold ☐ Frozen

Section 5: ORDERING PHYSICIAN INFORMATION (** required)

Ordering Physician's Name **:
Ordering Physician's NPI number **: Ordering Physician's UPIN:

Section 6: PAYOR SOURCE – (REQUIRED)

THE SUBMITTER WILL BE BILLED, if the required information is not provided or is inaccurate.

If THSteps, Medicaid, or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below.
If private insurance is indicated, the required billing information below is designated with an asterisk (*).
Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program.

☐ THSteps (1) ☐ Medicaid (2) ☐ Medicare (3)
Medicaid/Medicare card #:
☐ Submitter (5) ☐ Private insurance (4)
☐ BT Grant (100) ☐ Title V – Family Planning (8)
☐ HIV / STD (7,3nn) ☐ Title V – Prenatal Care (310)
☐ Immunizations (100) ☐ Title X – Family Planning (12)
☐ IDEAS (110) ☐ Title XX – Family Planning (13)
☐ Refugee (7) ☐ Zoonosis (162)
☐ Tuberculosis (18, 9) ☐ Other:
☐ Title V – Child Health & Dental (310)

HMO / Managed Care / Insurance Company Name *:
Address *:
City *: State *: Zip Code *:
Responsible Party *:
Insurance Phone Number *: Responsible Party's Insurance ID Number *:
Group Name: Group Number:

"I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section."
Signature of patient or responsible party.

Signature *: Date *:

Section 7: HIV / HCV SCREENING
☐ HCV
☐ HIV ♦
☐ HIV Western blot only ♦
♦ Justification:

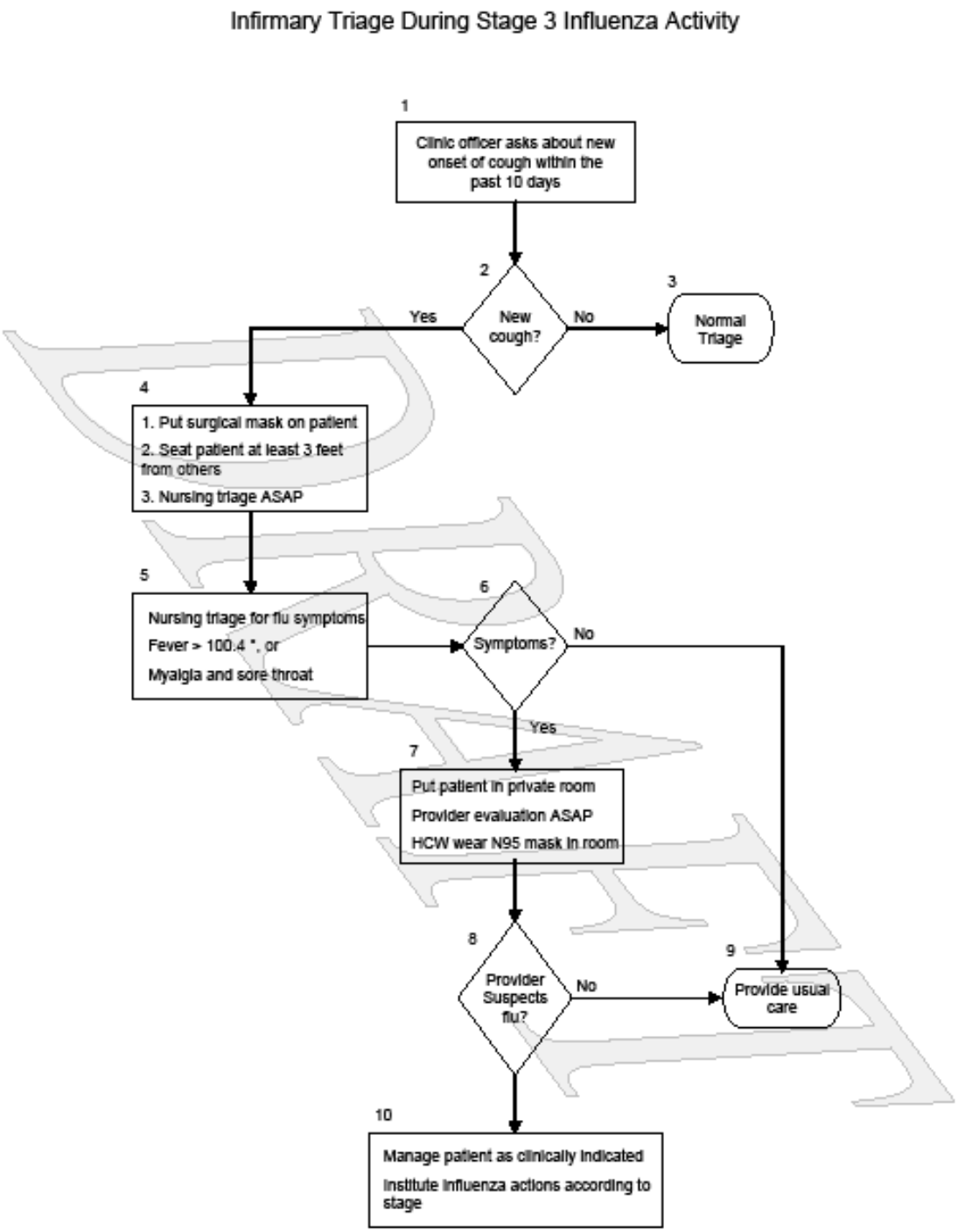
Section 8: SYPHILIS SEROLOGY
☐ RPR only – Test of cure
☐ RPR - Syphilis screen ♦
☐ VDRL (CSF only)
☐ RPR, Syphilis confirmation ♦
♦ Justification:

Section 9: CDC REFERENCE TESTS
☐ Chagas disease @
☐ Cysticercosis @
☐ Echinococcus @
☐ HIV-2 @
☐ HTLV-I @
☐ Leptospirosis @
☐ Toxocariasis @
☐ Other @

Section 10: VIROLOGY
☐ Electron microscopy
☐ Influenza surveillance
Vaccine received ☐ Yes ☐ No
☐ Reference culture (virus ID on isolate)
Suspected:
Submitted on:
☐ Virus isolation (comprehensive)
☐ Other:

Section 11. MOLECULAR STUDIES
☐ PCR for:
☐ PFGE for:
☐ Other:

Attachment B



Summary of TDCJ Influenza Plan

There are several documents that have been approved by the TDCJ Office of Preventive Medicine regarding influenza preparations. See attachments for details.

1. **Attachment A** – H1N1 (Swine Influenza Actions and Medical Staff Procedures
2. **Attachment B** – Employee and Visitor Sign
3. **Attachment C** – Procedures for Front Gate Screening
4. **Attachment D** – Employee and Visitor Warning Sign
5. **Attachment E** – Outbreak Procedures
6. **Attachment F** - Influenza Alert Stages
7. **Attachment G** – Influenza Alert Stages Matrix
8. **Attachment H** - Information for Employees Using Respirators When Not Required Under the Standard*

*****approved by UTMB CMC Medical Directors

Attachment A

H1N1 (Swine) Influenza Actions
September 2009

There is a very good chance that there will be renewed activity of H1N1 influenza once school is back in session. Our experience in May suggests the illness is rather mild, but there is little immunity in the population, so many people could be affected. There is also a chance that the virus could change and become much more serious, so until we know how it will behave this time, it is prudent to take steps to reduce the chances of introducing the virus onto our units, and reduce the spread of the virus if it does show up.

The following actions should be implemented immediately:

1. Remind staff and offenders of the importance of good handwashing. Make sure soap is available for handwashing.

2. Remind staff and offenders to cover their mouths when they cough or sneeze. Cough into a tissue, if available, and dispose of it properly. Otherwise, cough into the inside of your elbow rather than into your hand. This is called cough etiquette.

Cough Etiquette
- Cover your mouth and nose with tissue when you cough or sneeze, and dispose of the tissue in a trash can.
- If tissue is not available, cough or sneeze into the inside of your elbow.

Major Flu Symptoms
- Fever
- Cough
- Sore Muscles

Other Flu Symptoms
- Sore Throat
- Diarrhea

3. Resume screening for ill visitors and staff who wish to enter the unit. Post the signs asking these people to identify themselves. If a visitor or employee admits to any of the symptoms, the duty warden or their designee will determine whether the person should be allowed on the unit. (see Procedure for Front Gate Screening)

4. Screen new offenders arriving from a non-TDCJ facility upon arrival for symptoms of influenza. If they admit to a fever or chills with a cough or sore throat, separate the symptomatic offenders from the rest and have them evaluated by medical ASAP. If the offender is suspected to have influenza after the medical evaluation, isolate (single cell) that offender until 24 hours after the fever has resolved (without taking aspirin or other fever-reducing drugs), and medically restrict the other offenders who arrived on the same chain bus until 7 days after their arrival.

Isolation – for persons who are sick and contagious. Isolation prevents others from being exposed.

Medical Restriction – for people who have been exposed to a contagious disease. These people are not sick and are not contagious. People remain in Medical Isolation until they come down with the disease or until enough time has passed that we know they will not come down with the disease. Medical Restriction reduces the spread of disease once a case has occurred.

5. If medical detects a case of suspected influenza in an offender who is already in the unit population, the offender should be isolated (single celled) until 24 hours after the fever has resolved. Decisions about treating the patient or close contacts with Tamiflu will be made on an individual basis.

6. If H1N1 swine flu occurs on a unit, post a sign at the entrance notifying visitors, so that high risk people can elect not to enter the unit.

Medical Staff Procedures

1. Resume reporting of influenza-like illnesses (ILI) to the PrevMed group on EMR email. This time negative reports are not required. Only report cases of ILI. Indicate in the report whether the patient was cultured for H1N1 virus and where the culture was sent for testing.
2. If a patient has ILI they should be placed in droplet isolation (single cell) until they have gone 24 hours without fever and without taking an antipyretic drug.
3. The Department of State Health Services will not be doing H1N1 diagnostic testing. Commercial labs should have this capability now. It is not necessary to test for H1N1 for diagnosis – clinical diagnosis of influenza is sufficient to determine whether to isolate a case and/or begin treatment. However, until it is documented that H1N1 is in TDCJ, selected patients should be cultured for surveillance purposes. The best candidates for culture are those who have the most complete clinical picture of influenza and who had onset of symptoms within the previous 24-48 hours. Use of the rapid test is not recommended for surveillance cultures or for diagnostic testing. Evidence since May 2009 indicates that a number of patients with H1N1 influenza had negative rapid tests.
4. At this time we are not recommending medical restriction (quarantine) of close contacts of cases that arise in the general population. For new intakes, see #4 above.
5. Oseltamivir (Tamiflu) may be used for treatment of cases of ILI as clinically indicated. This drug is non-formulary. If used, it is most effective when started within the first 48 hours of symptoms. Highest priority for treatment are those patients who are at greatest risk for complications. In general these are the same patients who are the usual candidates for seasonal influenza vaccine, but for H1N1 (swine) flu more emphasis is placed on pregnant women. Be aware that seasonal influenza is nearly 100% resistant to oseltamivir, but H1N1 influenza remains susceptible. Thus, it is important to establish when H1N1 influenza appears on our units by doing selective surveillance testing as outlined in #3. The dose of oseltamivir for treatment of influenza is 75 mg BID for 5 days.
6. Oseltamivir is also effective for post-exposure prophylaxis in high risk close contacts of a clinically diagnosed case of H1N1 influenza. High risk contacts are pregnant women and patients with any of the chronic diseases for which seasonal influenza is normally indicated. Persons over age 65 are not considered high risk unless they have an underlying predisposing illness. The dose for prevention is 75 mg daily x 10 days, started ASAP after exposure to a case. Prophylaxis is not indicated if the exposure was more than 7 days previous. The use of prophylactic treatment must be decided on a case by case basis, but would usually not be a high priority if the H1N1 swine flu disease remains as mild as it was in May 2009.

Attachment B

Employees and Visitors

STOP

Because of the current concern about swine flu, we must ask you the following questions:

- Do you have the flu?
- Have you had a fever over 100 degrees in the past 24 hours??
- Do you feel feverish or have chills?
- Have you developed a new cough or sore throat in the past 7 days?

If you can answer "Yes" to any of these questions, please let the receptionist know so that a supervisor may determine if you can enter this facility.

Attachment C

Procedures for Front Gate Screening

1. Visitor/staff read sign.
2. If they identify themselves to have a positive response to a question, notify the duty warden or their designee.
3. Presume that the person has an influenza-like illness (ILI) if
    a. The answer to the first question is yes, or
    b. The answer to the fourth question is yes and the answer to either the second or third question is yes. (i.e., they have a new cough or sore throat and a fever)
    c. The answer to the second or third question is yes and they are observed with cold symptoms of cough or runny nose. (i.e., they have a fever and are observed to have symptoms)
4. If they have an ILI then they should not be allowed on the unit unless absolutely necessary.

Precautions to take when allowing a person with an ILI on the unit:

1. As much as possible they should be kept at least 6 feet away from other staff and offenders.
2. They are reminded to wash hands frequently and follow cough etiquette.
3. Their work area is disinfected (hand contact areas) with a 10% bleach solution or Double D solution after they are finished.
4. If they are coughing or sneezing and must be closer than 6 feet to other people, they should wear a surgical mask or particulate respirator (TB)

Attachment D

Employees and Visitors

WARNING

We are currently having cases of H1N1 (swine) influenza on this facility. This virus can cause severe disease in pregnant women, children and people with certain chronic diseases, especially chronic heart or lung disease. If you are a member of one of these high risk groups you may not want to enter the unit at this time. If you do choose to enter the unit you should observe the following precautions:

- Try to stay 3-6 feet away from other people as much as possible.
- Wash your hands after shaking hands, hugging or touching surfaces that get a lot of hand contact.
- Avoid touching your eyes, nose or mouth without washing your hands before and afterward.

Attachment E

Outbreak Procedures

I. Definitions

A. Isolation – Separation of a currently infected offender from the general population until the offender is no longer infectious to others. For influenza, the period of isolation is 7 days after the onset of symptoms. During that 7-day period they must be considered infectious. Staff have lower intensity exposures and may return to work 7 days after symptoms began, if they are clinically well.

B. Medical Restriction – Separation of offenders who have been exposed to influenza but have not shown any signs or symptoms of disease, from the general population. These offenders are not contagious to others (unless they come down with influenza) and may be briefly moved out of the medically restricted areas if necessary for security operations. The period of medical restriction is for 7 days after the last exposure to an infectious case of influenza. If a case of influenza arises in a group of medically restricted offenders, the 7-day medical restriction period begins again when the ill offender is removed from the restricted area.

C. Particulate respirator – a "TB mask." These masks may look like a surgical mask, but do a better job of filtering out infectious particles that may be inhaled. They should fit the contour of the face and a fit check done by the wearer should be performed each time the mask is donned. These masks may be re-used by the same wearer until they become wet or difficult to breathe through. Under this plan, masks will be replaced daily even if they have not become wet or hard to breathe through. Masks are only necessary for staff exposed to known infectious patients, and will be provided for staff assigned to isolation areas or escorting/overseeing medical patients.

D. Pandemic Influenza Stages – for the purposes of this document, 5 stages of pandemic influenza have been determined:

Stage I – normal conditions, no pandemic influenza anywhere in the world.
Stage II – pandemic influenza observed outside the United States.
Stage III – pandemic influenza observed in the United States. This stage could be further broken down according to whether the pandemic influenza is in another state, elsewhere in Texas or in the local community. Because influenza spreads quickly, it is likely that only a few weeks, at most, would elapse between the first observation of influenza in the Unites States and its appearance in the local community.
Stage IV – initial cases of influenza on the prison facility
Stage V – multiple cases of influenza in the facility, when the number of cases is too large to isolate individually.

II. General Procedures

A. Once pandemic influenza has been reported in the United States, all units must consider going on protective lockdown. This will last for the duration of the pandemic, which could continue for several weeks.
B. Protective lockdown
    1. Offenders stay in their housing area.
    2. They may use the dayroom in their housing area.
    3. They may go to the dining hall, work, commissary, recreation, etc., as long as they do not mingle with offenders from other housing areas during the process. They must be escorted when leaving the housing area.
    4. Contact visitation is suspended.
C. Non-essential offender work must be suspended. Essential workers must be screened for symptoms of influenza before being turned out for work.
D. External access to the unit and movement between units must be curtailed.
    1. If possible staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security and services.
    2. Visitors and volunteers will be kept at a minimum.
    3. No staff, visitors or volunteers will be allowed on the unit if they have a fever or a new cough that started in the previous 7 days.
    4. Offenders who are new intakes into TDCJ, returnees from bench warrant or reprieve, or returning from off site outpatient medical care must be medically restricted for 7 days after arrival on the unit or until 7 days after the last offender is placed into the medical restriction housing area if they are in group medical restriction.
        a. Diagnostic and programming activities may be carried out on medically restricted offenders.
        b. Medically restricted offenders may not mingle with general population or other cohorts of medically restricted offenders.
        c. When medically restricted offenders use a common facility such as the medical holding area, intake holding area, dining hall, etc., the area must be cleaned and disinfected before other offenders use the area, with attention to chairs/benches, countertops and hand contact items.
        d. New intakes arriving at the unit will be screened for signs or symptoms of influenza and have their temperature taken. If symptoms are present, a surgical mask will be placed on the offender and they will immediately be escorted to be evaluated by medical staff.
        e. Staff performing intake screening may wear personal protective attire.

III. Education and Training

A. Offenders and staff will receive education from unit medical staff on how influenza is transmitted, signs and symptoms of influenza, treatment, and prevention of transmission.
    1. The importance of handwashing and personal hygiene will be emphasized.
    2. Covering mouth when coughing or sneezing will be emphasized, using tissue or coughing into the inside of the elbow.
B. All staff, and offenders who are placed in medical restriction, will be educated about early recognition and the rapid triage and treatment protocol (attached). Education will focus on key symptoms to watch for.
C. Correctional staff will be trained in handwashing, wearing and fit testing particulate respirator masks, laundry and waste removal processes in isolation areas and donning and doffing personal protective attire.

IV. Medical restriction Procedures after exposure to influenza

A. Medical restriction is for offenders who have been exposed to influenza but who are not ill yet.
B. Offenders will be placed under medical restriction when they have had exposure in a housing area to a suspected case of influenza.
C. Duration of medical restriction will be until 7 days has elapsed after the last exposure.
D. Individuals under medical restriction may be housed in a single cell or in a cell with another offender under medical restriction.
E. If a larger number of offenders require medical restriction they may be housed in a dormitory.
F. When more than one medically restricted offender are housed together, the duration of medical restriction will be until 7 days after the exposure of the most recently exposed offender.
G. Offenders under medical restriction must be observed at least once per day for the presence of fever or new cough.
    1. If an offender becomes ill, they must be evaluated by medical staff as soon as practical.
    2. If the offender is coughing, they should be made to wear a surgical or particulate respirator mask and be kept at least 6 feet from other offenders and staff until they are evaluated by medical.
    3. The Infirmary Rapid Triage and Treatment protocol should be followed when the offender is evaluated by medical.
    4. If medical determines the ill offender has influenza the offender must be placed in isolation and the other offenders must remain under medical restriction for another 7 days.
H. Medically restricted offenders may attend outdoor recreation and shower as a group. They may attend chow hall as a group if the facility determines it is necessary, but high hand contact areas, benches and tables in the chow hall should be disinfected afterward.
I. Medically restricted offenders may work if their job is essential and they will not mingle with non-medically restricted offenders while working or getting to or from the job location and must be screened for symptoms of influenza at each turnout.
J. No special personal protective attire is required for staff assigned to medical restriction housing areas.

V. Isolation Procedures

A. Isolation is for offenders with clinically diagnosed influenza who are therefore potentially infections.
B. Offenders who are suspected of having influenza must be placed in isolation for 7 days after the onset of symptoms. The diagnosis of influenza should be made on a clinical basis. Laboratory proof is not required for isolation.
C. Isolated offender must be under droplet and contact isolation precautions.
D. Offenders under isolation must wear a surgical mask if they are required to leave the isolation area. If a surgical mask is not available, a N-95 respirator mask may be used.
E. Isolated offenders must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case must be observed at least once per day.
F. Isolated offenders may be cohorted (housed together). Each offender's isolation period is independent, so an offender may be released from the isolation area after his 7 day period even if other offenders in the area are still under isolation.
G. Offenders in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
H. Laundry items from isolation areas must be handled as contaminated laundry. See laundry procedures, below.
I. Staff (correctional and medical) entering an isolation housing area must wear a N-95 particulate respirator mask, and gloves. They may wear gowns and/or face protection if they anticipate

direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal of the equipment.

J. Offenders in isolation may shower individually or as a group, but the shower must be cleaned and disinfected after use (faucet handles, benches and countertops, before any non-isolated offenders use them. Towels used by isolated offenders are considered contaminated laundry. If clothing exchange is done in the shower area, follow the contaminated laundry process described below, in that area.

K. Areas in the isolation housing that are prone to contamination by respiratory secretions or by frequent hand contacts must be periodically disinfected. If the surfaces are visibly dirty they must be cleaned with detergent and water before disinfection. Double D, diluted appropriately, or a 1:10 solution of household bleach in water are acceptable disinfectants. The disinfectant must not be wiped off after application, but allowed to air dry.

L. After an offender is released from isolation, his cell or dormitory cubicle must be thoroughly cleaned and disinfected, including disinfecting the mattress.

M. Waste collection and disposal
   1. Trash from isolation areas must be double bagged, but may be disposed of as ordinary waste in a municipal landfill, except that special medical waste must be handled and disposed of in accordance with Infection Control Manual Policy B-14.25.
   2. Waste will be collected into an appropriate bag (i.e., red bag for special medical waste) within the isolation housing area.
   3. When the bag is full it will be sealed with a twist tie.
   4. A designated person inside the isolation area will carry the bag to the doorway. From outside, another staff person will hold open an uncontaminated bag (red bag for special medical waste), into which the person inside will place the filled bag. The second bag will be sealed with a twist tie and taken to the appropriate disposal area.
   5. Persons handling the waste bags will wear gowns, gloves, and N-95 masks. If there is any concern about eye contamination they will also wear a protective face shield or goggles.

VI. Laundry

A. No changes in procedures are required for laundry from general population or medical restriction areas.

B. Laundry from isolation areas must be handled as contaminated laundry.
   1. Laundry will be collected in a clear, water-soluble bag. When the bag is full it will be carried to the doorway by a designated person inside the isolation area.
   2. A person outside the housing area will hold open a yellow contaminated laundry bag so that the inside person can place the water soluble bag filled with laundry into the yellow bag, taking care not to contaminate the outside of the yellow bag.
   3. The outside person will seal the yellow bag and take it to the laundry.
   4. Persons handling contaminated laundry will wear gloves, gown, N-95 mask and goggles or a protective face shield. This includes offenders who are handling the yellow bags to load the washers.
   5. Once loaded into the washers, the contaminated laundry may be washed according to standard laundry procedures. After washing and drying the laundry is considered non-contaminated and may be used by any offender.

VII. General Sanitation

A. Areas of the unit other than the isolation housing area and medical areas should follow standard general housekeeping procedures.

B. All areas of the unit should undergo periodic disinfection of frequent hand contact areas several times each day.

C. Areas to be disinfected must be cleaned with soap and water before disinfection, if there is any visible soiling.
D. Appropriate disinfectants include Double D diluted according to instructions, or a 1:10 solution of household bleach in water. Before using a disinfectant on delicate items such as keyboards or telephones, make sure it will not be harmful to the item.
E. Frequent hand contact areas include, but are not limited to: light switches, handrails, doorknobs, water faucet handles, flush handles, key sets, hand held radios, telephones, computer keyboards, etc. Frequency of disinfection can be adjusted depending on the frequency of use and the number of people having contact with the surface.
F. Cells and dormitory cubicles must be cleaned and disinfected between offenders who are assigned to them.

VIII. Transportation

A. In general, offender transportation must be curtailed once pandemic flu has been reported in the United States, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
B. When offenders are transported during these conditions, they must be seated at least 3 feet apart.
C. Any offender who is coughing or who is in isolation for influenza must wear a surgical or N-95 mask during movement from isolation to transport and from the transport to his destination at the receiving facility. These offenders must be transported by ambulance or van. Multiple offenders who are under influenza isolation may be transported in the same vehicle, but no non-isolated offenders (including offenders under medical restriction) may travel with them. Staff must wear particulate respirator masks during transport, unless the offender area has separate ventilation from the staff area.
D. After all offenders have disembarked from the transport vehicle, the seats and hand contact areas such as hand rails must be cleaned and disinfected. See General Sanitation for details about disinfection.

IX. Visitation

A. During pandemic stage III and IV (pandemic influenza in the US and cases on the unit, respectively) contact visitation is curtailed.
B. Non-contact visitation may occur under the following conditions
    1. Visitors are questioned and observed for signs and symptoms of influenza (cough or fever) before being admitted to the visitation area.
    2. Offenders are screened for fever or cough before being admitted to the visitation area.
    3. No visitor or offender with fever or cough is allowed in the visitation area.
    4. Only offenders from a single housing area are allowed into visitation at one time.
    5. Between visitation sessions the visitation area is cleaned and disinfected, with attention to chairs/benches, countertops and hand contact items.

X. Personal Protective Attire (PPA)

A. Masks
    1. Surgical masks – used on persons with suspected or confirmed influenza to reduce the risk of introducing respiratory droplets into the environment by coughing or sneezing. Staff should not wear these masks because air may leak around the sides of the mask when inhaling.
    2. Particulate respirator (PR, N95, TB) masks – filter out respirable droplets and seal tightly enough to the face to preclude leaks. These masks are for the protection of staff who must work in an area where persons with diagnosed influenza are located. They may be used on symptomatic offenders instead of surgical masks, but there is no significant advantage to

using a PR mask on symptomatic offenders. These masks may be re-used, but should be discarded in regular trash if they become difficult to breathe through or if they become wet.

B. Gloves
   1. Nonsterile gloves should be worn when there is a likelihood of hand contact with contaminated articles, including trash bags and laundry in isolation housing areas or with respiratory secretions.
   2. Gloves may be worn for contact offender searches on general population and medically restricted offenders, but they must be changed between each search. Unless the search would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate. Gloves must be worn and changed between each search for contact searches on isolated offenders.
   3. After use, gloves should be removed by pulling each one off by the cuff, turning it inside out. Dispose of gloves in regular trash. Wash hands after removing gloves.

C. Gowns
   1. A water-resistant gown should be worn when there will be direct contact with an offender with influenza, or when handling laundry or trash in the isolation housing area.
   2. Gowns must be changed between each offender for whom they are required, except when they are worn by an officer doing multiple contact offender searches.
   3. Remove gown after removing gloves. Pull the gown off from the back, turning the sleeves inside out. Dispose of gown in regular trash. Wash hands after removing gloves and gown.

D. Goggles or protective face shield should be worn when there is a likelihood of respiratory droplet spray hitting the eyes, or when shaking out contaminated laundry. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.

E. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used instead of handwashing.

F. Offenders who are required to perform duties for which staff would wear PPA should be provided the same PPA for the job, except they must not have access to the waterless hand rub, but must wash hands with soap and water instead.

Attachment F

Influenza Alert Stages

Stage 1 – Normal conditions.

- Maintain clinical suspicion for flu-like illnesses
- Record proper diagnosis in EMR for suspected influenza and/or report number of cases to Preventive Medicine weekly to facilitate surveillance
- Practice usual infection control and personal hygiene measures
- Consider stockpiling critical supplies

Stage 2 – Pandemic Influenza recognized in the world

- Continue Stage 1 activities
- Emphasize handwashing and cough etiquette with offenders and all unit staff
- Place posters (handwashing, cough etiquette, influenza symptoms) if not already done

Stage 3 – Pandemic Influenza in the US

- This stage is subdivided into 3a – no in-state cases reported, 3b – cases reported in Texas.
- Continue Stage 2 activities
- Work with security to identify areas that can be used to cohort offender cases
- Screen for symptoms of influenza at main gate and exclude symptomatic individuals
- Screen for symptoms of influenza before allowing offenders on chain buses.
- Increase emphasis on cleaning/disinfecting high hand contact areas and offender transportation.
- Allow staff to carry waterless hand cleaners.

Additional precautions for **Stage 3b**

- Non-essential offender movement between units must be stopped
- Elective medical procedures should be postponed
- Intake facilities screen arriving offenders by asking about new cough or sore throat and taking temperature
- Intake facilities should medically restrict new intakes for 7 days before allowing them into general population. The 7-day medical restriction period begins on the day the last offender is added to the medical restriction group.
- Consider locking down the unit and stopping visitation.
- If the warden deems it necessary to allow a person with symptoms of influenza or household contacts onto the unit, the following precautions are recommended:
  - Each person should be required to wear a surgical mask at all times on the unit and wash hands before entering the unit.
  - Employees restricted to jobs that do not entail contact within 6 feet of others (such as picket duty or strictly outdoor work)
  - Employee workstation and hand contact areas are disinfected with Double D solution or a 1:10 bleach solution at the end of their shift.

Stage 4 – Initial cases of influenza on the unit

- Continue actions from lower stage levels.
- Unit should be locked down and visitation stopped if this has not been done previously.
- Cases/suspected cases should be placed in (order of preference): 1) Respiratory isolation, if available on the unit, or in a single cell in cell block designated for cohorting influenza cases. If single celled they should not be allowed access to the day room unless all offenders using the day room are suspected or confirmed influenza cases. Consider using segregation or similar housing for the initial cases.
- Cases or suspected cases must not be allowed to attend work, school, dining hall or group recreation.

- Isolation should continue until 7 days after symptoms started or 24 hours after symptoms resolve, whichever is later.
- If the offender requires transfer to a hospital, he should go by ambulance or van. Multiple offenders with influenza may be transported in the same vehicle if necessary. Attendants and other staff in the vehicle must wear N95 masks. The offender should wear a surgical mask if his condition allows it. The transport vehicle should be disinfected after use. The receiving facility must be notified that the patient has influenza before arrival at the facility.
- Offenders in the cellblock or dormitory of the index case must be medically restricted (no housing reassignments, no work or school; dining and recreation as a cohort only) until 7 days have elapsed without another case of influenza in the living group. If their work is deemed critical they must be screened for symptoms of influenza before their shift before being allowed to work.
- Consider administering prophylactic antiviral medication to offenders who are close contacts of a confirmed or highly suspected case, if available.

Stage 5 – Multiple influenza cases on unit

- Continue previous stage level activities
- At this point individual case isolation is not practical and cases should be cohorted in living areas (dormitories or cellblocks) for 7 days. Cases need to remain in the cohort living area for 7 days after onset of their symptoms, but may be transferred to other living areas after their 7 day period has passed.

A facility may return to stage 3b actions when it has gone 2 weeks without a case or suspected case of influenza.

Attachment G

Influenza Alert Stages Matrix

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
Stage 3b – pandemic influenza in Texas	• Work with security to identify housing areas that can be used to cohort cases • Train staff on identification of flu cases and early isolation of cases • Reinforce personal hygiene and cough etiquette with offenders • Limit use of medical staff on multiple units • Cancel/reschedule elective medical procedures • Begin influenza triage and early isolation process • Allow staff to carry and use alcohol-based hand antiseptic rub • Intake units screen offenders arriving on the unit by asking about new onset of cough or sore throat and taking their temperature	• Continue Stage 2 activities • Train staff in recognition of flu symptoms and how the medical triage/cohorting system will work • Increase emphasis on cleaning and disinfecting high hand contact areas and offender transportation • Stockpile food and other essential supplies for at least a 2-4 week period • Medically restrict new intakes and offenders returning from bench warrant, etc., for 7 days • Allow staff to carry and use alcohol-based hand antiseptic rub • Limit use of staff on multiple units • Consider unit lockdown	• Cohort essential workers by shift • Stop housing reassignment except for disciplinary or medical reasons, or within same housing area (dorm or cell block) • Prepare one or more cell blocks to be designated as medical wards, if feasible	• Consider unit lockdown procedures • Feed and shower offender in cohorts by housing area. Disinfect showers/dining facilities between cohorts	• Consider unit lockdown procedures • Recreation in cohorts by housing area. Disinfect equipment between cohorts	• Screen for symptoms of influenza before allowing offenders on chain bus • Disinfect seats, handrails and other contact areas before loading offenders and at end of trip • Stop non-essential offender movement between units	• Consider suspending classes • Consider suspending non-essential work • Screen workers for symptoms at turnout	• Screen for symptoms of influenza and exclude symptomatic individuals, whether staff or visitors • Stop contact visitation • Consider stopping all visitation

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
Stage 4 – initial cases of influenza on unit	• Continue Stage 3b activities • Place suspected cases in droplet isolation in a single cell for 7 days or until 24 hours after symptoms resolve, whichever is later. • Cases wear surgical mask whenever moved out of their isolation room • Medically restrict contacts of the case until 7 days after the last case appears in the medically restricted group • If a medically restricted offender develops signs and symptoms of influenza, place him in droplet isolation and extend the medical restriction on the remaining offenders for 7 more days • Consider prophylactic antiviral medication for close contacts • Make rounds of isolated offenders in the isolation housing area at least once per	• Continue Stage 3b activities • Security staff assigned to medical and isolation areas wear N95 respirator masks • Other security staff allowed to wear surgical masks • Staff on affected units not to work on unaffected units if possible	• Create one or more isolation wards, and medical wards if needed • No transfer of exposed offenders into areas housing unexposed offenders	• Unit lockdown.	• Unit lockdown.	• Continue Stage 3b actions • Transfer of symptomatic cases by ambulance or van only. Multiple cases can be in same vehicle. • Notify receiving facility of influenza case before arrival • Attendants with transported cases must wear N-95 respirators	• Continue Stage 3b actions • Medically restricted and isolated offenders cannot work • If a medically restricted offender must work because of a critical need, he must be screened to rule out symptoms of influenza before each shift he works.	• Continue Stage 3b actions

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	shift • Make daily rounds on medically restricted housing areas • Medical staff wear N95 respirators when entering a room with an ill offender • Staff on affected units not to work on unaffected units if possible							
Stage 5 – multiple influenza cases on unit	• Continue Stage 4 actions • Cohort cases and suspected cases • Cases may be moved to any living area 7 days after onset of symptoms if their symptoms have resolved. They can be considered immune for the remainder of the pandemic	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions • Cases who have completed their 7 day isolation may work without restriction if their symptoms have resolved	• Continue Stage 4 actions
Termination of Influenza alert: May return to Stage 4 when there are no new cases on the unit in 5 days, or to stage 3b when there have been no new cases on the unit in 14 days								

Attachment H

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

5. Limited data is available on respirator effectiveness in preventing transmission of H1N1 (or seasonal influenza) in various settings. However, the use of a facemask or respirator is likely to be of most benefit if used as early as possible when exposed to an ill person and when the facemask or respirator is used consistently.

6. Respirators are not recommended for people who have facial hair because the mask will not fit snuggly on the face.

From:	Zepeda, Stephanie D.
To:	Lannette Linthicum
Cc:	Chris Black-Edwards; Murray, Owen J.; denise.deshields@ttuhsc.edu; Abbott, Kirk D.; Robison, Justin R.; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu
Subject:	Approval Required: Expanded KOP Program
Date:	Monday, March 23, 2020 5:30:40 PM
Attachments:	image001.png COVID-19 KOP SOP - 3-23-20.docx Authorization to Distribute Medications KOP for Self Administration signed DD and OJM.pdf
Importance:	High

Hi Dr. Linthicum,

Attached is a memo authorizing nursing staff to administer the majority of medications KOP for the duration of the COVID-19 emergency. It has been signed by Dr. DeShields and Dr. Murray. Please sign if you concur.

I've also attached the SOP for your reference.

Let me know if you have any questions or have recommendations for changes.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
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Sent: Monday, March 23, 2020 5:22 PM
To: Murray, Owen J. <ojmurray@utmb.edu>
Cc: Abbott, Kirk D. <kdabbott@UTMB.EDU>; Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>; Williams, Anthony K. <akwillia@utmb.edu>

Subject: Draft - COVID-19 KOP SOP

Dr. Murray,

Attached is a final draft of the SOP for the expanded KOP medication distribution process during COVID-19.
This has been approved by Dr. Penn, Dr. Smith and Dr. Zepeda.
Mike Jones has also reviewed and concurs with the process.

Please let me know if you have any questions.

Thank you,

Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
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University of Texas Medical Branch
Correctional Managed Care
Standard Operating Procedure

Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

Purpose: All healthcare operations are now on **Emergency Status** consistent with declarations at the local and state level. In response, certain procedures related to the distribution of medications as outlined in Pharmacy Policy 50-05 (KOP Medication Distribution Program) will be waived for the duration of the emergency to reduce the number of people gathering to obtain medications to achieve social distancing and to limit the spread of COVID-19.

Implementation: Approved Keep on Person (KOP) medications will be distributed to patients for self-administration during the COVID-19 emergency operations.

Process:

I. Approved KOP Medications

a. Applicable medications that can be given KOP:


Medications
Authorized to Be Gi

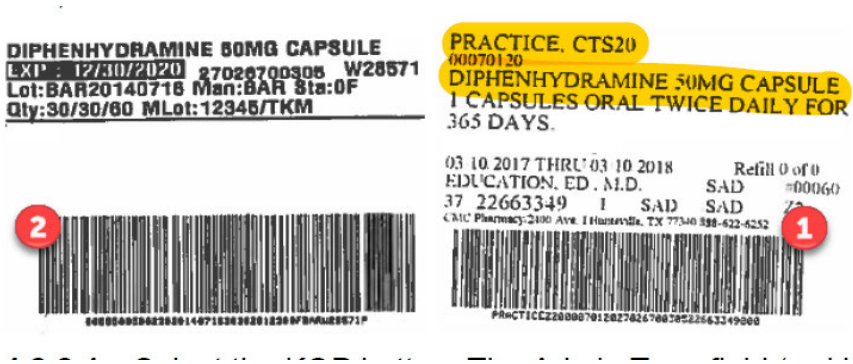
II. Restricted Medications and Locations

a. Specifically, medications (i.e., blister pack cards and containers) should be distributed KOP (keep on person) to patients for self-administration whenever possible regardless of instructions. However, the medications listed below may NOT be given KOP.
   i. Controlled substances (e.g., opioids, benzodiazepines)
   ii. Medications ordered DOT
   iii. Medications that require refrigeration
   iv. Medications that may be misused as weapons (e.g., medications in glass containers, Spiriva®)
   v. Injectables (e.g., insulin)
   vi. Factor products (e.g., Koate) used to treat hemophilia
   vii. Antipsychotics
   viii. Lithium
   ix. Warfarin
   x. Oral or topical chemotherapy
   xi. Drugs that must be closely monitored (e.g., transplant medications, drugs for dementia, TB medications, HCV medications)
   xii. Drugs that may be abused (e.g., bupropion, carbamazepine, gabapentin, muscle relaxants, anticholinergics, antispasmodics)

b. Restricted Locations where this does not apply:
   i. Infirmaries
   ii. Inpatient Mental Health Facilities
      a. Jester 4 (J4)
      b. Skyview (SV)
      c. Montford (JM)
   iii. Mental Health Therapeutic Diversion Program (MHTDP)
   iv. Developmental Disabilities Program (DDP)
   v. Crisis Management
   vi. Constant Direct Observation (CDO)
   vii. Patients with Alerts for Trafficking and Trading
      a. A list can be found under TDCJ>Reports>Clinical Operations>Alerts, Registry, Functional Status & Patient Summary Selections>Patient Alerts>Facility>Alert Description: Medication hoarding/trafficking

III. Inventorying Current Medications on Facility and Incoming Medications

a. Mark with yellow highlighter on the patient label on the blister pack of medication or container indicating med can be given KOP. Do not mark or highlight on the blister pack itself or the barcode, only the patient label.



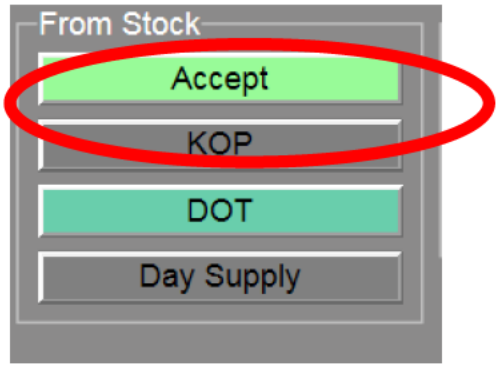
Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

IV. Documentation for Administering Medications Ordered NONKOP if given KOP

a. If a medication is prescribed nonKOP, SMART will not let a user document the card was given KOP. The only way to document is to record the medication as Accept From Stock. This will allow the user to type information in the Stock Log Notes field. The user would note that the card was given KOP and the quantity issued. For example, "Gave card KOP #30."

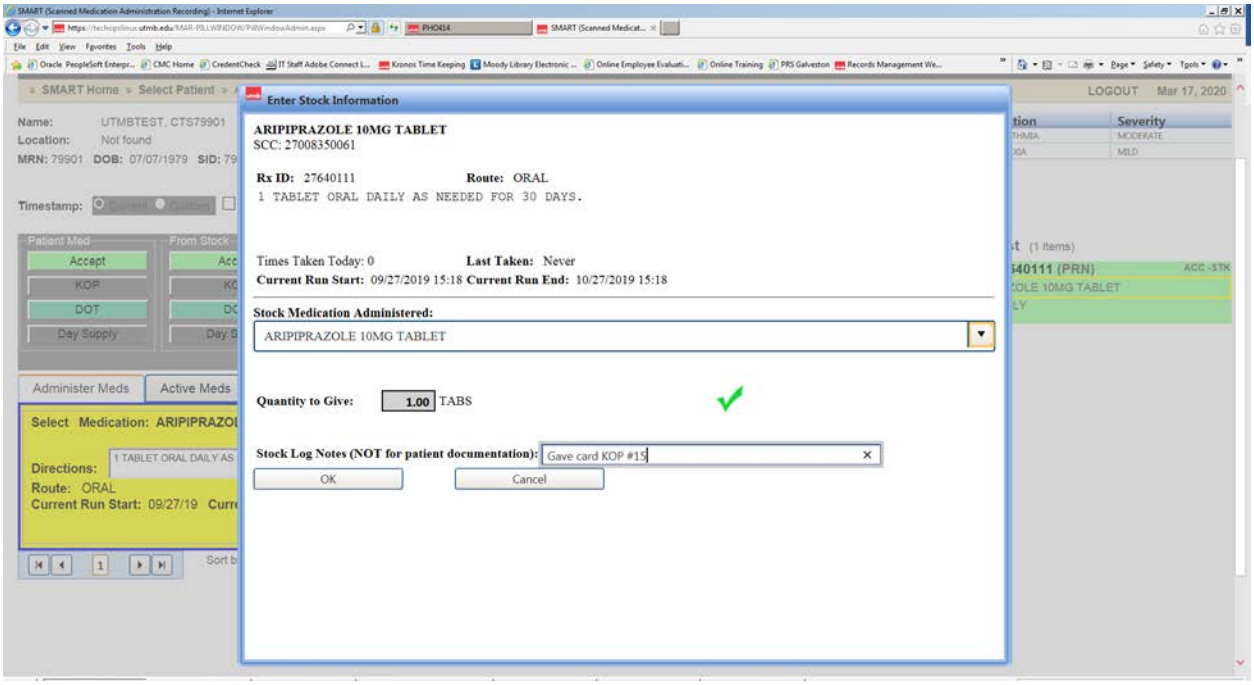
b. Scan the prepack label of the patient's blister pack card (i.e., label on the left hand side of the card) or the UPC barcode of the item.

c. Select "Accept" From Stock.

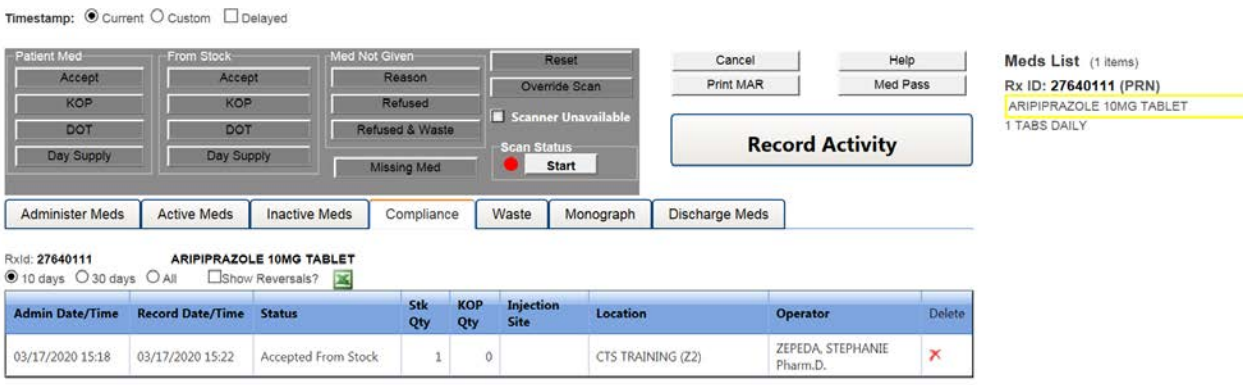


Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

d. When the "Enter Stock Information" pop up box appears, type a note in the "Stock Log Notes" field that indicates the card was issued KOP and the quantity issued. For example, type "Gave card KOP #30."



e. This information will not appear on the SMART compliance screen or in the EMR. However, the information will appear on PHO102 Medication Doses Issued From Floor Stock report.



Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

f. PHO102

Schema: TDCJ
Administering Unit: ALL FACILITIES

MEDICATION DOSES ISSUED FROM FLOOR STOCK
03/10/2020 to 03/17/2020

Report Number: PHO102
Report Date/Time: 03/17/2020 03:55:20PM

PATIENT	MRN	MEDICATION ORDERED	DOSE ORDERED	STOCK MEDICATION GIVEN	STOCK DOSES GIVEN	ADMINISTRATION DATE/TIME	RXID	RECORDED BY	NOTES
COLE (CL)									
[redacted]	[redacted]	RISPERIDONE 1MG TABLET	1.00	RISPERIDONE 1MG TABLET	1.00	03/17/2020 03:55PM	26726480	[redacted]	gave card of 30 KOP
COLE (CL) TOTALS:		Total # Patients: 1		Total # Stock Doses: 1.00					Total # Records: 1
GRAND TOTALS:		Total # Patients: 1		Total # Stock Doses: 1.00					Total # Records: 1

g. All other requirements related to Policy 50-05 should be followed.

Subject: Authorization to Distribute Medications KOP for Self-Administration during COVID-19 Emergency

All healthcare operations are now on Emergency Status consistent with declarations at the local and state level. In response, certain procedures related to the distribution of medications as outlined in Pharmacy Policy 50-05 (KOP Medication Distribution Program) will be waived for the duration of the emergency to reduce the number of people gathering to obtain medications to achieve social distancing and to limit the spread of COVID-19.

Specifically, medications (i.e., blister pack cards and containers) should be distributed KOP (keep on person) to patients for self-administration whenever possible regardless of instructions. However, the medications listed below may NOT be given KOP.

- Controlled substances (e.g., opioids, benzodiazepines)
- Medications ordered DOT
- Medications that require refrigeration
- Medications that may be misused as weapons (e.g., medications in class containers, Spiriva®)
- Injectables (e.g., insulin)
- Factor products (e.g., Koate) used to treat hemophilia
- Antipsychotics
- Lithium
- Warfarin
- Oral or topical chemotherapy
- Drugs that must be closely monitored (e.g., transplant medications, drugs for dementia, TB medications, HCV medications)
- Drugs that may be abused (e.g., bupropion, carbamazepine, gabapentin, muscle relaxants, anticholinergics, antispasmodics)

In addition, this waiver does not apply to infirmaries, inpatient mental health facilities, mental health therapeutic diversion program (MHTDP), development disabilities program (DDP), crisis management, or constant direct observation (CDO).

Distribution must be recorded in the SMART medication administration record. Detailed instructions from Nursing Leadership will follow with an effective implementation date. All other requirements related to Policy 50-05 should be followed.

Thank you for your help in planning, preparing and responding to the COVID-19 public health threat. This continues to be a rapidly changing situation and your continued flexibility is greatly appreciated.

Owen J. Murray, DO, MBA
Vice President Offender Care Services
UTMB Correctional Managed Care

3/23/2020
Date

Denise DeShields, MD
Executive Medical Director
TTUHSC Correctional Managed Health Care

3/23/20
Date

Lannette Linthicum, MD, CCHP-A, FACP
Director Health Services
Texas Department of Criminal Justice

Date

From: Lori Brewer on behalf of Lannette Linthicum
To: Zepeda, Stephanie D.
Subject: RE: Approval Required: Expanded KOP Program
Attachments: image001.png
Authorization to Distribute Medications KOP for Self-Administration during COVID-19 Emergency.pdf

---

Please see attachment

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Monday, March 23, 2020 5:30 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; denise.deshields@ttuhsc.edu; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu
Subject: Approval Required: Expanded KOP Program
Importance: High

Hi Dr. Linthicum,

Attached is a memo authorizing nursing staff to administer the majority of medications KOP for the duration of the COVID-19 emergency. It has been signed by Dr. DeShields and Dr. Murray. Please sign if you concur.

I've also attached the SOP for your reference.

Let me know if you have any questions or have recommendations for changes.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200
Conroe, TX 77304
P: (936) 494-4176
M: (713) 504-4201
F: (936) 760-0396
E: sdzepeda@utmb.edu

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Monday, March 23, 2020 5:22 PM
To: Murray, Owen J. <ojmurray@utmb.edu>
Cc: Abbott, Kirk D. <kdabbott@UTMB.EDU>; Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>; Williams, Anthony K. <akwillia@utmb.edu>
Subject: Draft - COVID-19 KOP SOP

Dr. Murray,

Attached is a final draft of the SOP for the expanded KOP medication distribution process during COVID-19.
This has been approved by Dr. Penn, Dr. Smith and Dr. Zepeda.
Mike Jones has also reviewed and concurs with the process.

Please let me know if you have any questions.

Thank you,

Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

Subject: Authorization to Distribute Medications KOP for Self-Administration during COVID-19 Emergency

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- Injectables (e.g., insulin)
- Factor products (e.g., Koate) used to treat hemophilia
- Antipsychotics
- Lithium
- Warfarin
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In addition, this waiver does not apply to infirmaries, inpatient mental health facilities, mental health therapeutic diversion program (MHTDP), development disabilities program (DDP), crisis management, or constant direct observation (CDO).

Distribution must be recorded in the SMART medication administration record. Detailed instructions from Nursing Leadership will follow with an effective implementation date. All other requirements related to Policy 50-05 should be followed.

Thank you for your help in planning, preparing and responding to the COVID-19 public health threat. This continues to be a rapidly changing situation and your continued flexibility is greatly appreciated.

Owen J. Murray, DO, MBA
Vice President Offender Care Services
UTMB Correctional Managed Care

3/23/2020
Date

Denise DeShields, MD
Executive Medical Director
TTUHSC Correctional Managed Health Care

3/23/20
Date

Lannette Linthicum, MD, CCHP-A, FACP
Director Health Services
Texas Department of Criminal Justice

3-24-2020
Date

From:	Zepeda, Stephanie D.
To:	Lannette Linthicum
Cc:	Chris Black-Edwards; Murray, Owen J.; denise.deshields@ttuhsc.edu; Abbott, Kirk D.; Robison, Justin R.; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu; Lorie Davis; Melissa Kimbrough; Jason Clark
Subject:	RE: Approval Required: Expanded KOP Program
Date:	Monday, March 23, 2020 6:51:39 PM
Attachments:	image001.png COVID-19 KOP SOP approved 3.23.2020.docx

Yes, ma'am. I've made the changes and will share with everyone. Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200, Conroe, TX 77304
P 936.494.4176
M 713.504.4201
F 936.760.0396
E sdzepeda@utmb.edu

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, March 23, 2020 6:14 PM
To: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; denise.deshields@ttuhsc.edu; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu; Lorie Davis <lorie.davis@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>
Subject: Re: Approval Required: Expanded KOP Program

Steph
Since all three partner agencies are in agreement with respect to the SOP , relabel it "CMHC Expanded Medication Distribution Process". Thanks

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, March 23, 2020 6:09:38 PM
To: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; michael.w.jones@ttuhsc.edu <michael.w.jones@ttuhsc.edu>; ranee.lenz@ttuhsc.edu <ranee.lenz@ttuhsc.edu>; Lorie Davis <lorie.davis@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>
Subject: Re: Approval Required: Expanded KOP Program

Steph,
I concur and will get the signed form to you tomorrow . I appreciate everyone's hard work on this issue.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Monday, March 23, 2020 5:30:16 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; michael.w.jones@ttuhsc.edu <michael.w.jones@ttuhsc.edu>; ranee.lenz@ttuhsc.edu <ranee.lenz@ttuhsc.edu>
Subject: Approval Required: Expanded KOP Program

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Attached is a memo authorizing nursing staff to administer the majority of medications KOP for the duration of the COVID-19 emergency. It has been signed by Dr. DeShields and Dr. Murray. Please sign if you concur.

I've also attached the SOP for your reference.

Let me know if you have any questions or have recommendations for changes.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
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Conroe, TX 77304
P: (936) 494-4176
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From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Monday, March 23, 2020 5:22 PM
To: Murray, Owen J. <ojmurray@utmb.edu>
Cc: Abbott, Kirk D. <kdabbott@UTMB.EDU>; Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>; Williams, Anthony K. <akwillia@utmb.edu>
Subject: Draft - COVID-19 KOP SOP

Dr. Murray,

Attached is a final draft of the SOP for the expanded KOP medication distribution process during COVID-19.
This has been approved by Dr. Penn, Dr. Smith and Dr. Zepeda.
Mike Jones has also reviewed and concurs with the process.

Please let me know if you have any questions.

Thank you,
Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

CMHC Standard Operating Procedure	Effective Date: 3/23/2020
	Page 1 of 5
Expanded Medication Distribution Process	

Purpose: All healthcare operations are now on **Emergency Status** consistent with declarations at the local and state level. In response, certain procedures related to the distribution of medications as outlined in Pharmacy Policy 50-05 (KOP Medication Distribution Program) will be waived for the duration of the emergency to reduce the number of people gathering to obtain medications to achieve social distancing and to limit the spread of COVID-19.

Implementation: Approved Keep on Person (KOP) medications will be distributed to patients for self-administration during the COVID-19 emergency operations.

Process:

I. Approved KOP Medications

a. Applicable medications that can be given KOP:

II. Restricted Medications and Locations

a. Specifically, medications (i.e., blister pack cards and containers) should be distributed KOP (keep on person) to patients for self-administration whenever possible regardless of instructions. However, the medications listed below may NOT be given KOP.

i. Controlled substances (e.g., opioids, benzodiazepines)
ii. Medications ordered DOT
iii. Medications that require refrigeration
iv. Medications that may be misused as weapons (e.g., medications in glass containers, Spiriva®)
v. Injectables (e.g., insulin)
vi. Factor products (e.g., Koate) used to treat hemophilia
vii. Antipsychotics
viii. Lithium
ix. Warfarin
x. Oral or topical chemotherapy
xi. Drugs that must be closely monitored (e.g., transplant medications, drugs for dementia, TB medications, HCV medications)
xii. Drugs that may be abused (e.g., bupropion, carbamazepine, gabapentin, muscle relaxants, anticholinergics, antispasmodics)

b. Restricted Locations where this does not apply:
   i. Infirmaries
   ii. Inpatient Mental Health Facilities
      a. Jester 4 (J4)
      b. Skyview (SV)
      c. Montford (JM)
   iii. Mental Health Therapeutic Diversion Program (MHTDP)
   iv. Developmental Disabilities Program (DDP)
   v. Crisis Management
   vi. Constant Direct Observation (CDO)
   vii. Patients with Alerts for Trafficking and Trading
      a. A list can be found under TDCJ>Reports>Clinical Operations>Alerts, Registry, Functional Status & Patient Summary Selections>Patient Alerts>Facility>Alert Description: Medication hoarding/trafficking

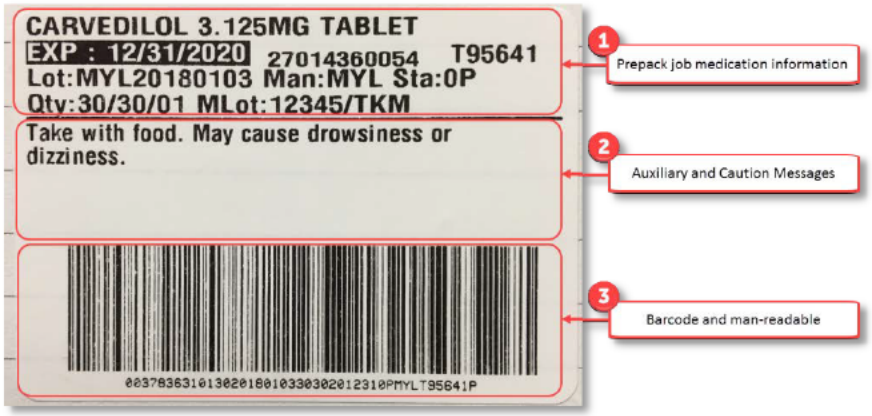
III. Inventorying Current Medications on Facility and Incoming Medications

a. Mark with yellow highlighter on the patient label on the blister pack of medication or container indicating med can be given KOP. Do not mark or highlight on the blister pack itself or the barcode, only the patient label.

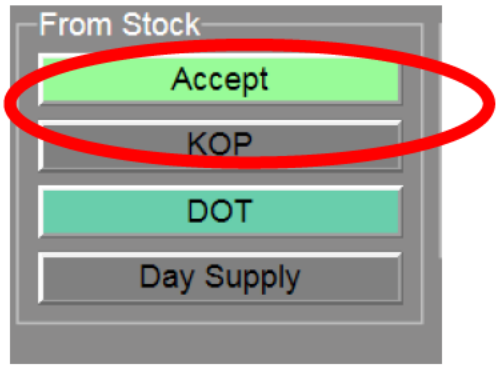
IV. Documentation for Administering Medications Ordered NONKOP if given KOP

a. If a medication is prescribed nonKOP, SMART will not let a user document the card was given KOP. The only way to document is to record the medication as Accept From Stock. This will allow the user to type information in the Stock Log Notes field. The user would note that the card was given KOP and the quantity issued. For example, "Gave card KOP #30."

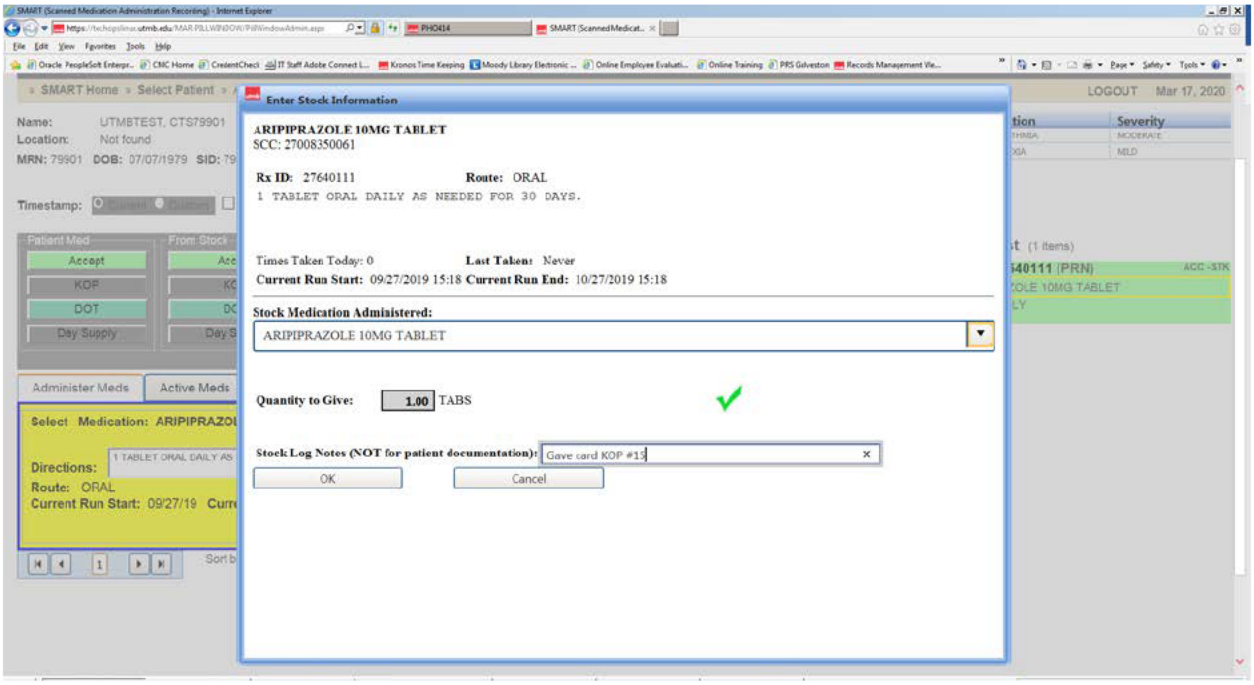
b. Scan the prepack label of the patient's blister pack card (i.e., label on the left hand side of the card) or the UPC barcode of the item.



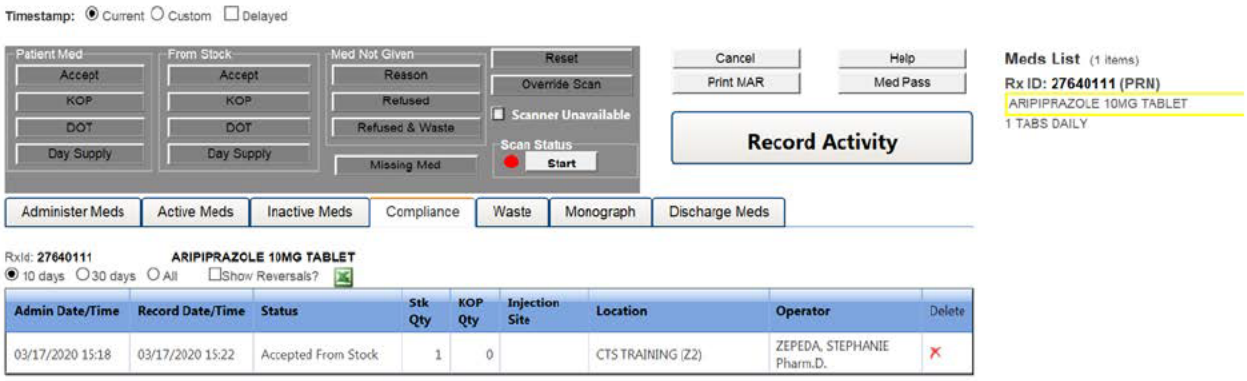
c. Select "Accept" From Stock.



d. When the "Enter Stock Information" pop up box appears, type a note in the "Stock Log Notes" field that indicates the card was issued KOP and the quantity issued. For example, type "Gave card KOP #30."



e. This information will not appear on the SMART compliance screen or in the EMR. However, the information will appear on PHO102 Medication Doses Issued From Floor Stock report.



f. PHO102

Schema: TDCJ
Administering Unit: ALL FACILITIES

MEDICATION DOSES ISSUED FROM FLOOR STOCK
03/10/2020 to 03/17/2020

Report Number: PHO102
Report Date/Time: 03/17/2020 03:55:20PM

PATIENT	MRN	MEDICATION ORDERED	DOSE ORDERED	STOCK MEDICATION GIVEN	STOCK DOSES GIVEN	ADMINISTRATION DATE/TIME	RXID	RECORDED BY	NOTES
COLE (CL)									
[redacted]	[redacted]	RISPERIDONE 1MG TABLET	1.00	RISPERIDONE 1MG TABLET	1.00	03/17/2020 03:55PM	26726480	[redacted]	gave card of 30 KOP
COLE (CL) TOTALS:		Total # Patients: 1		Total # Stock Doses: 1.00					Total # Records: 1
GRAND TOTALS:		Total # Patients: 1		Total # Stock Doses: 1.00					Total # Records: 1

g. All other requirements related to Policy 50-05 should be followed.

From: McLellan, Susan
To: Keiser, Philip
Cc: Murray, Owen J.; Lannette Linthicum; Ojo, Olugbenga B.; Raimer, Ben G.
Subject: Re: Treatment of COVID-19
Date: Thursday, March 26, 2020 9:39:40 AM

I did in meeting.

Susan McLellan MD MPH
Infectious Diseases
UTMB
Sent from my iPhone, so please forgive any lax spelling, grammar, or etiquette

> On Mar 26, 2020, at 9:06 AM, Keiser, Philip <phkeiser@utmb.edu> wrote:
>
> Susan
>
> Please address Dr Linthicums question as to why hospital Galveston is not considered part of the main campus.
>
> Phil
>
> Get Outlook for iOS
>
> ---
>
> **From:** Murray, Owen J. <ojmurray@utmb.edu>
> **Sent:** Thursday, March 26, 2020 7:48:18 AM
> **To:** McLellan, Susan <sumclell@UTMB.EDU>
> **Cc:** Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Keiser, Philip <phkeiser@UTMB.EDU>; Ojo, Olugbenga B. <obojo@utmb.edu>; Raimer, Ben G. <bgraimer@UTMB.EDU>
> **Subject:** Re: Treatment of COVID-19
>
> Thanks Susan
>
> Ojm
>
> On Mar 26, 2020, at 7:46 AM, McLellan, Susan <sumclell@UTMB.EDU> wrote:
>
> > We are also not allowed to enroll on other campuses that UTMB.
> > Because this had to be operationalized through the Vaccine center our

options are very limited.

Susan McLellan MD MPH
Infectious Diseases
UTMB
Sent from my iPhone, so please forgive any lax spelling, grammar, or etiquette

On Mar 26, 2020, at 7:42 AM, Lannette Linthicum <lannette.linthicum@tdcj.texas.gov> wrote:

Thank you for your response.I am disappointed in the response. I would not think that TDCJ offenders are a new site. They are part of UTMB's patient base and have been so since 1983.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: McLellan, Susan <sumclell@UTMB.EDU>
Sent: Thursday, March 26, 2020 7:35:15 AM
To: Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Re: Treatment of COVID-19

I have been told in no uncertain terms NO by our Vaccine center team, and from the NIH standpoint they are not adding any new sites or subsites.
I have queried Gilead twice without response.
Dr Ojo and I have already been in contact about this.

Susan McLellan MD MPH

Infectious Diseases
UTMB
Sent from my iPhone, so please forgive any lax spelling, grammar, or etiquette

On Mar 26, 2020, at 6:35 AM, Keiser, Philip <phkeiser@utmb.edu> wrote:

Susan

Please look into what would have to happen to include offenders in the study.

Thanks

Phil

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Wednesday, March 25, 2020 3:29 PM
To: Murray, Owen J. <ojmurray@utmb.edu>; Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Fwd: Treatment of COVID-19

I notice on the UTMB COVID Treatment protocol; offenders are excluded from the clinical trial. Can you explain why? Does it have to do with the federal code involving prisoners as human subjects? Can we get the IRB to approve TDCJ offenders. Please advise.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Tuesday, March 24, 2020 12:58:37 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>;

Denise DeShields <denise.deshields@ttuhsc.edu>; Ranee Lenz <ranee.lenz@ttuhsc.edu>; Roberts, Melanie B. <mbrobert@UTMB.EDU>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: RE: Treatment of COVID-19

Hello,

I wanted to provide an update. ASHP has put out a summary of evidence related to COVID-19 treatment. UTMB has also published a treatment guideline.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200, Conroe, TX 77304
P 936.494.4176
M 713.504.4201
F 936.760.0396
E sdzepeda@utmb.edu

From: Zepeda, Stephanie D.
Sent: Friday, March 13, 2020 12:38 PM
To: Lannette Linthicum (lannette.linthicum@tdcj.texas.gov) <lannette.linthicum@tdcj.texas.gov>

Cc: Murray, Owen J. <ojmurray@utmb.edu>; Denise DeShields <denise.deshields@ttuhsc.edu>; Ranee Lenz <ranee.lenz@ttuhsc.edu>; Roberts, Melanie B. <mbrobert@UTMB.EDU>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: Treatment of COVID-19

Hello,

I wanted to follow up on your question and provide information related to the treatment of COVID-19.

Clinical management is focused on supportive care of complications, including advanced organ support for respiratory failure, septic shock, and multi-organ failure. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).

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Let me know if you have any questions. Thank you.

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- WHO guidelines for severe respiratory infection due to COVID-19 https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-

infection-is-suspected

- Tan et al. Inhibition of SARS Coronavirus Infection In Vitro with Clinically Approved Antiviral Drugs. Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 10, No. 4, April 2004

Stephanie Zepeda, Pharm.D.
Director, Pharmacy Services
Correctional Managed Care
UTMB Health
2400 Avenue I
Huntsville, TX 77340
Telephone: (936) 437-5300
Fax: (936) 437-5311

From: Keiser, Philip
To: Lannette Linthicum; Murray, Owen J.
Cc: Ojo, Olugbenga B.
Subject: Re: Treatment of COVID-19
Date: Thursday, March 26, 2020 6:35:07 AM

This is standard language. Everybody is afraid to touch including offenders because of past history.

We can ask to get it changed.

What would have to happen for TDCJ to administratively approve inclusion of offenders?

I will pass the request to enroll offenders to the manufacturer.

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Wednesday, March 25, 2020 3:29 PM
To: Murray, Owen J. <ojmurray@utmb.edu>; Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Fwd: Treatment of COVID-19

I notice on the UTMB COVID Treatment protocol; offenders are excluded from the clinical trial. Can you explain why? Does it have to do with the federal code involving prisoners as human subjects? Can we get the IRB to approve TDCJ offenders. Please advise.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Tuesday, March 24, 2020 12:58:37 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Denise DeShields <denise.deshields@ttuhsc.edu>; Ranee Lenz <ranee.lenz@ttuhsc.edu>; Roberts, Melanie B. <mbrobert@UTMB.EDU>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: RE: Treatment of COVID-19

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Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
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M 713.504.4201
F 936.760.0396
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Fax: (936) 437-5311

From: Keiser, Philip
To: Lannette Linthicum
Subject: Re: [EXTERNAL]
Date: Thursday, March 26, 2020 9:03:19 AM

I think that is a solid plan. I will continue to push for access to drugs for TDCJ

Get Outlook for iOS

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Thursday, March 26, 2020 8:37:09 AM
To: Toni Sparrow <Toni.Sparrow@gilead.com>; Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Re: [EXTERNAL]

Thank you Dr. Keiser. I appreciate your advocacy on behalf of our offender patients. Yesterday we were informed of a positive case in the Dallas County jail . This morning we were informed that 4 additional offenders in the same housing unit as the source case have now tested positive. Yesterday, the TDCJ prison director stopped all new intakes from Dallas county. We are in process of doing contact investigations now. We have identified all Dallas County offenders who have entered TDCJ since March 1st. Fortunately,all but twelve are still at one of the 24 intake facilities. The offenders at the intake units (165 males and 10 females)have all been medically restricted for a period of 14 days from their entry into TDCJ. Nursing staff is doing twice daily temperature checks and symptom checks on these offenders. The offenders who have left the intake centers (approximately 12) have also been identified; medically screen and medically restricted if they have been in TDCJ for less than 14 days. Is there anything else you would recommend? Thank you again for your assistance.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Toni Sparrow <Toni.Sparrow@gilead.com>
Sent: Thursday, March 26, 2020 7:50:35 AM
To: Keiser, Philip <phkeiser@utmb.edu>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Ojo, Olugbenga B. <obojo@utmb.edu>

Subject: Re: [EXTERNAL]

****
CAUTION: This email was received from an EXTERNAL source, use caution when clicking links or opening attachments.
If you believe this to be a malicious and/or phishing email, please contact the Information Security Office (ISO).
****

Hi,
I will forward and let you know as soon as I hear back.

Best,
Toni

Sent from my iPhone

On Mar 26, 2020, at 6:39 AM, Keiser, Philip <phkeiser@utmb.edu> wrote:

Hi Toni

There are now cases in the Texas prison system. Will there be provisions to allow prisoners in the new study that being developed.? We can expect there will be many cases in incarcerated patients and the we are prepared to meet all requirements to ethically enroll offenders.

Please pass this on to your leadership.

Thanks

Phil

From: Keiser, Philip
To: Lannette Linthicum; Murray, Owen J.; McLellan, Susan
Cc: Ojo, Olugbenga B.
Subject: Re: Treatment of COVID-19
Date: Thursday, March 26, 2020 6:35:54 AM

Susan

Please look into what would have to happen to include offenders in the study.

Thanks

Phil

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Telephone: (936) 437-5300
Fax: (936) 437-5311

From:	Murray, Owen J.
To:	Chris Black-Edwards; Lannette Linthicum
Cc:	Robison, (Denee) Jerri D.; Robison, Justin R.; Kovacevich, Marjorie M.; Ojo, Olugbenga B.
Subject:	RE: Pending Discharges
Date:	Saturday, April 25, 2020 11:26:17 AM
Attachments:	Murray Positives.xlsx

Chris here are the Murray positives from our surveillance testing of 4/23/2020. Thanks OJM

From: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Sent: Saturday, April 25, 2020 9:40 AM
To: Murray, Owen J. <ojmurray@utmb.edu>; Kim Massey <Kim.Massey@tdcj.texas.gov>
Cc: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>; Penny Dickerson <Penny.Dickerson@tdcj.texas.gov>; Whitney Bruton <Whitney.Bruton@tdcj.texas.gov>; Willie Ratliff <Willie.Ratliff@tdcj.texas.gov>; Ojo, Olugbenga B. <obojo@utmb.edu>; John Werner <john.werner@tdcj.texas.gov>
Subject: Re: Pending Discharges

I have been communicating with Ms Davis as well.

Get Outlook for iOS

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Saturday, April 25, 2020 9:36:31 AM
To: Kim Massey <Kim.Massey@tdcj.texas.gov>
Cc: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>; Penny Dickerson <Penny.Dickerson@tdcj.texas.gov>; Whitney Bruton <Whitney.Bruton@tdcj.texas.gov>; Willie Ratliff <Willie.Ratliff@tdcj.texas.gov>; Ojo, Olugbenga B. <obojo@utmb.edu>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; John Werner <john.werner@tdcj.texas.gov>
Subject: Re: Pending Discharges

Office (ISO).

Thanks KM

Ojm

On Apr 25, 2020, at 9:34 AM, Kim Massey <Kim.Massey@tdcj.texas.gov> wrote:

I spoke with Mr. Hirsch. He is working on it and will let me know.
Kim Massey
Senior Warden
Hospital Galveston/Carole Young Medical Facility

From: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>
Sent: Saturday, April 25, 2020 9:24 AM
To: Penny Dickerson <Penny.Dickerson@tdcj.texas.gov>; Whitney Bruton <Whitney.Bruton@tdcj.texas.gov>; Willie Ratliff <Willie.Ratliff@tdcj.texas.gov>; Kim Massey <Kim.Massey@tdcj.texas.gov>
Cc: Ojo, Olugbenga B. <obojo@utmb.edu>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; John Werner <john.werner@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>
Subject: RE: Pending Discharges

Update on those in blue are all to J1. Just need clarification on Howard Smith and we will work on the Estelle Infirmary placements.

Name	TDCJ Number	Pending
Henderson, Dennis	665978	Jester I
Ramirez, Paul	2258212	Jester I
Barron, Johnny	1798129	Estelle Infirmary
Wilson, Otis	1198494	Jester I
Mills, Jeffery	1921342	Estelle Infirmary
Gonzalez, Rafael	1761871	Estelle Infirmary

Hannah, Jerry	1565362	Jester I
Taylor, Eddie	1096895	Estelle Infirmary
Smith, Howard	309893	Estelle Infirmary
Key, Allen	2182278	Pending Hospice, discuss with Dr. Ojo to determne placement

Good morning.

We were working on placing Howard Smith and we are unable to place him currently at the Estelle Infirmary due to AC PACK. Howard Smith, 309893. Can you please let us know if he can be placed there or help us find an alternate infirmary location he can go?

Again as stated yesterday, we are currently working on placing the rest of the Estelle Infirmary and we will need help with those identified in blue.

Name	TDCJ Number	Pending
Henderson, Dennis	665978	RV
Ramirez, Paul	2258212	AH
Barron, Johnny	1798129	Estelle Infirmary
Wilson, Otis	1198494	Jester I
Mills, Jeffery	1921342	Estelle Infirmary
Gonzalez, Rafael	1761871	Estelle Infirmary
Hannah, Jerry	1565362	R3
Taylor, Eddie	1096895	Estelle Infirmary
Smith, Howard	309893	Estelle Infirmary
Key, Allen	2182278	Pending Hospice, discuss with Dr. Ojo to determine placement

---

From: Kovacevich, Marjorie M.
Sent: Friday, April 24, 2020 10:45 PM
To: Kim Massey <Kim.Massey@tdcj.texas.gov>; Whitney Bruton <Whitney.Bruton@tdcj.texas.gov>; Willie Ratliff <Willie.Ratliff@tdcj.texas.gov>; Penny Dickerson <Penny.Dickerson@tdcj.texas.gov>
Cc: Ojo, Olugbenga B. <obojo@utmb.edu>; Murray, Owen J. <ojmurray@utmb.edu>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; John Werner <john.werner@tdcj.texas.gov>
Subject: Pending Discharges

All.

At HG today so far, we have had at least 14 admissions for CV-19. Below is a list of 10 patients that are pending placement and are CV-19 positive but no longer require acute care admission. The Estelle infirmaries are being placed tonight and tomorrow and I will follow-up with PECC in the morning. Is there any assistance that we can get for those returning to unit so we can be prepared for admissions tomorrow. Allen Key needs to be discussed tomorrow, but if we can work on Henderson, Ramirez, Wilson and Hannah that would be much appreciated.

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Gonzalez, Rafael	1761871	Estelle Infirmary
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Taylor, Eddie	1096895	Estelle Infirmary
Smith, Howard	309893	Estelle Infirmary
Key, Allen	2182278	Pending Hospice, discuss with Dr. Ojo to determine placement

Thank you so much!

Marjorie

Facility	Name	TDCJ Number		Age	Gender	Race	Location	Risk Fx		
MURRAY (LM)	BLAKEMORE, NORMA	1587103	18566	69	F	B	FA1 BED 004	65 AND >	43944	Positive
MURRAY (LM)	PETRIC, KATHERINE	2204583	18524	69	F	W	K2B BED 007	65 AND >	43944	Positive
MURRAY (LM)	ARDOIN, DEVEAN Y	1986077	23510	55	F	B	FA1 BED 029	CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	43944	Positive
MURRAY (LM)	COVEY, DEBBIE M	1715626	21964	60	F	W	K2B BED 076	CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	43944	Positive
MURRAY (LM)	PARKER, VALERIE D	650244	21990	60	F	B	FB1 BED 013	CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	43944	Positive
MURRAY (LM)	SCHLEGEL, DEBRA A	752554	21696	60	F	W	K2A BED 098	CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	43944	Positive
MURRAY (LM)	BEEBE, EDITH	1162441	20567	63	F	W	FB2 BED 074	CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	43944	Positive
MURRAY (LM)	BIGGERS, KARLA R	2218212	24604	52	F	W	FA1 BED 018	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	43944	Positive
MURRAY (LM)	PAROLINE, KAREN	2059606	23591	55	F	W	K1A BED 011	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	43944	Positive
MURRAY (LM)	WILLIAMS, BRENDA S	1614658	22289	59	F	W	FB2 BED 110	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	43944	Positive
MURRAY (LM)	WYNN, JACQULYN M	2215166	21946	60	F	W	FA1 BED 002	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	43944	Positive
MURRAY (LM)	LAKE, CATHRYN	1621383	20982	62	F	W	FA1 BED 021	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	43944	Positive
MURRAY (LM)	HERNANDEZ, IRMA L	783429	25289	51	F	H	FA2 BED 049	DIABETIC NEUROPATHY, UNSPECIFIED	43944	Positive
MURRAY (LM)	PERRY, LAURIE S	2128688	22016	60	F	W	K1B BED 033	DIABETIC NEUROPATHY, UNSPECIFIED	43944	Positive
MURRAY (LM)	JONES, CHANELLE M	2173845	33507	28	F	B	FB2 BED 117	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	43944	Positive
MURRAY (LM)	ONEAL, SHANON	896508	21307	61	F	B	K2B BED 083	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	43944	Positive
MURRAY (LM)	NINO, MARGARITA	1655658	25362	50	F	H	K1A BED 024	TYPE 2 DIABETES MELLITUS	43944	Positive
MURRAY (LM)	HINOJOSA, ISIDRA	2132296	24566	53	F	H	FB1 BED 031	TYPE 2 DIABETES MELLITUS	43944	Positive

From: Murray, Suzanne
To: Lannette Linthicum; Coates, Kelly; Murray, Owen J.; Robison, (Denee) Jerri D.
Subject: Stringfellow unit offender Surveillance testing
Date: Tuesday, May 19, 2020 3:55:22 PM
Attachments: Surveilance Data - R2.docx

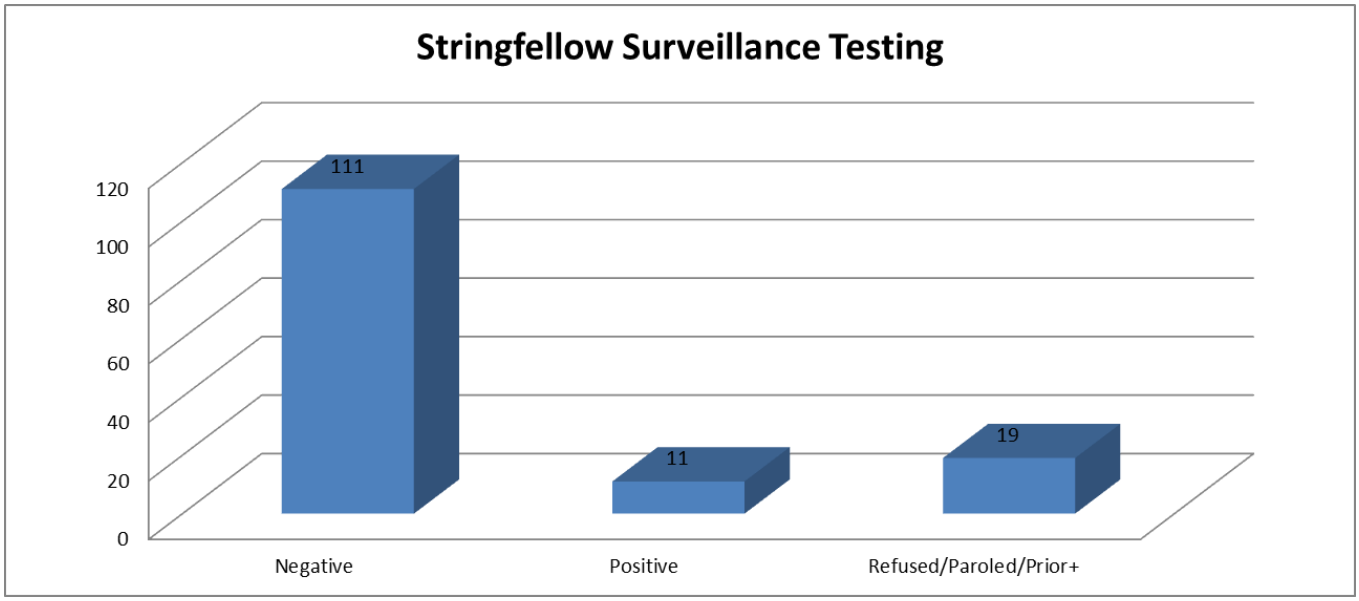
Good afternoon,

I have attached the surveillance data for Stringfellow.
Please let me know if you have any questions or concerns.

Best,
Suzanne

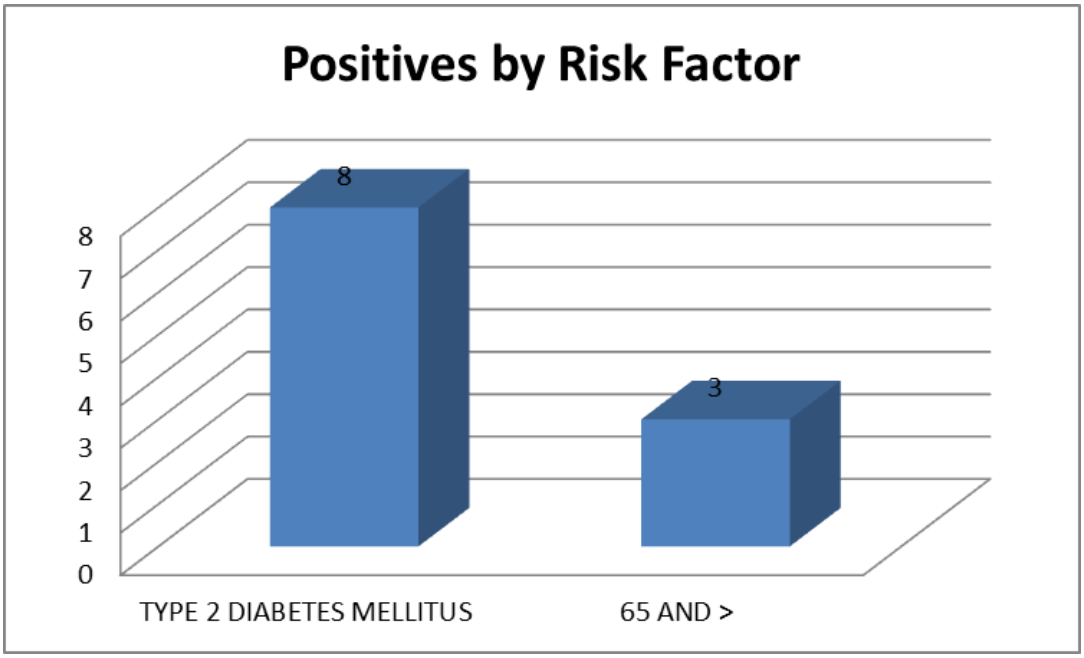
Suzanne Murray
Quality Management Analyst
Austin Telehealth Hub
6300 La Calma Dr. #330, Austin, TX 78752
C 281-678-1363
O 512-374-9308 ext: 2117
E - sumurray@utmb.edu

On April 30 and May 1, 2020, UTMB-CMC performed C-19 surveillance testing at the Stringfellow facility. There were initially 141 patients identified as high risk by age and/or comorbidity. Refusals, prior positive testing, and parole reduced the number tested by 19 to 122. There were 111 patients who tested negative and 11 patients who tested positively.



Breaking down the positives by risk factor yielded the following results:

Positives by Risk Factor	
TYPE 2 DIABETES MELLITUS	8
65 AND >	3



From: Murray, Suzanne
To: Lannette Linthicum
Cc: Coates, Kelly
Subject: Surveillance at CYMF
Date: Tuesday, April 28, 2020 3:36:43 PM
Attachments: Surveillance Data - CYMF.docx

Good afternoon,

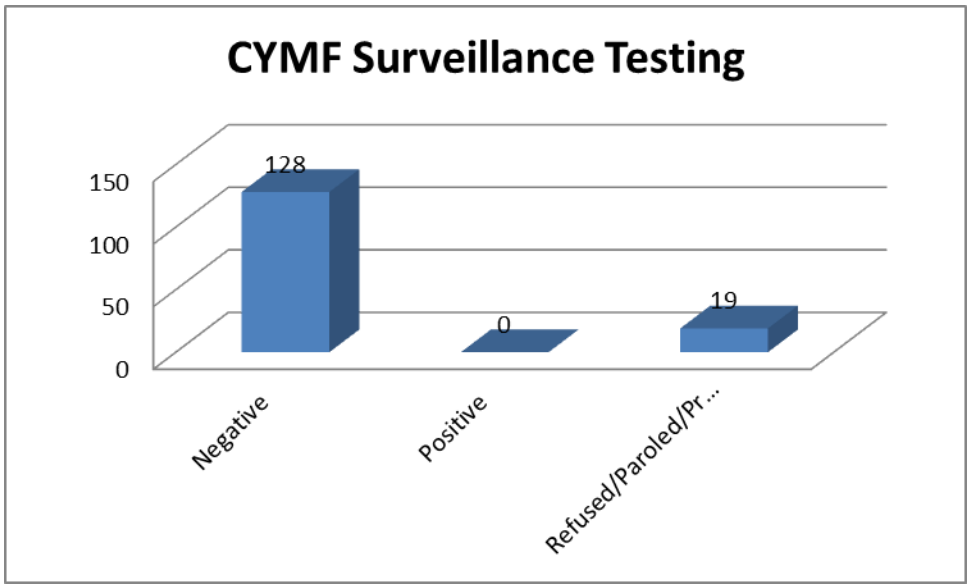
I have attached the information regarding testing of at risk populations at CYMF. I'll start working on Estelle's now.

Please let me know if you have any questions or concerns.

Best,
Suzanne

Suzanne Murray
Quality Management Analyst
Austin Telehealth Hub
6300 La Calma Dr. #330, Austin, TX 78752
C 281-678-1363
O 512-374-9308 ext: 2117
E - sumurray@utmb.edu

On April 24, 2020 UTMB-CMC performed C-19 surveillance testing at the Carole Young Medical facility. There were initially 147 patients identified as high risk by age and/or comorbidity. Refusals, prior positive testing, and parole reduced the number tested by 19 to 128. All 128 patients tested were Covid negative.



From: Murray, Suzanne
To: Murray, Owen J.; Lannette Linthicum; Robison, (Denee) Jerri D.; Coates, Kelly
Subject: Telford unit offender Surveillance testing
Date: Thursday, May 14, 2020 2:11:23 PM
Attachments: Surveillance Data - Telford.docx

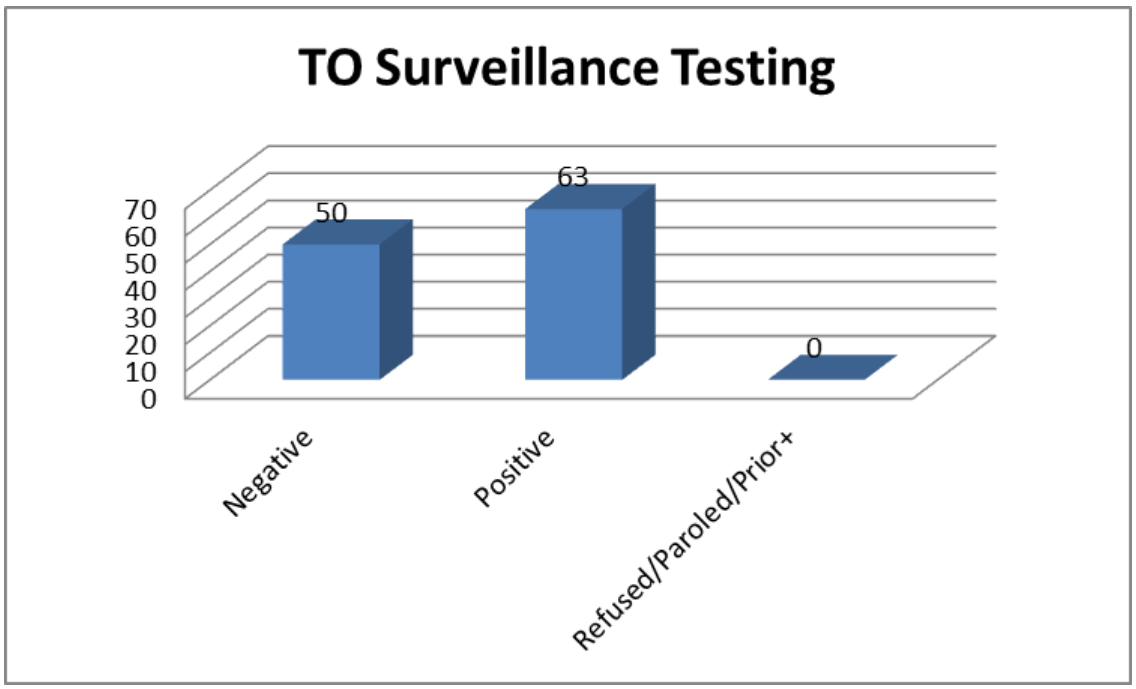
Good afternoon,

I have attached the surveillance data for Telford.
Please let me know if you have any questions or concerns.

Best,
Suzanne

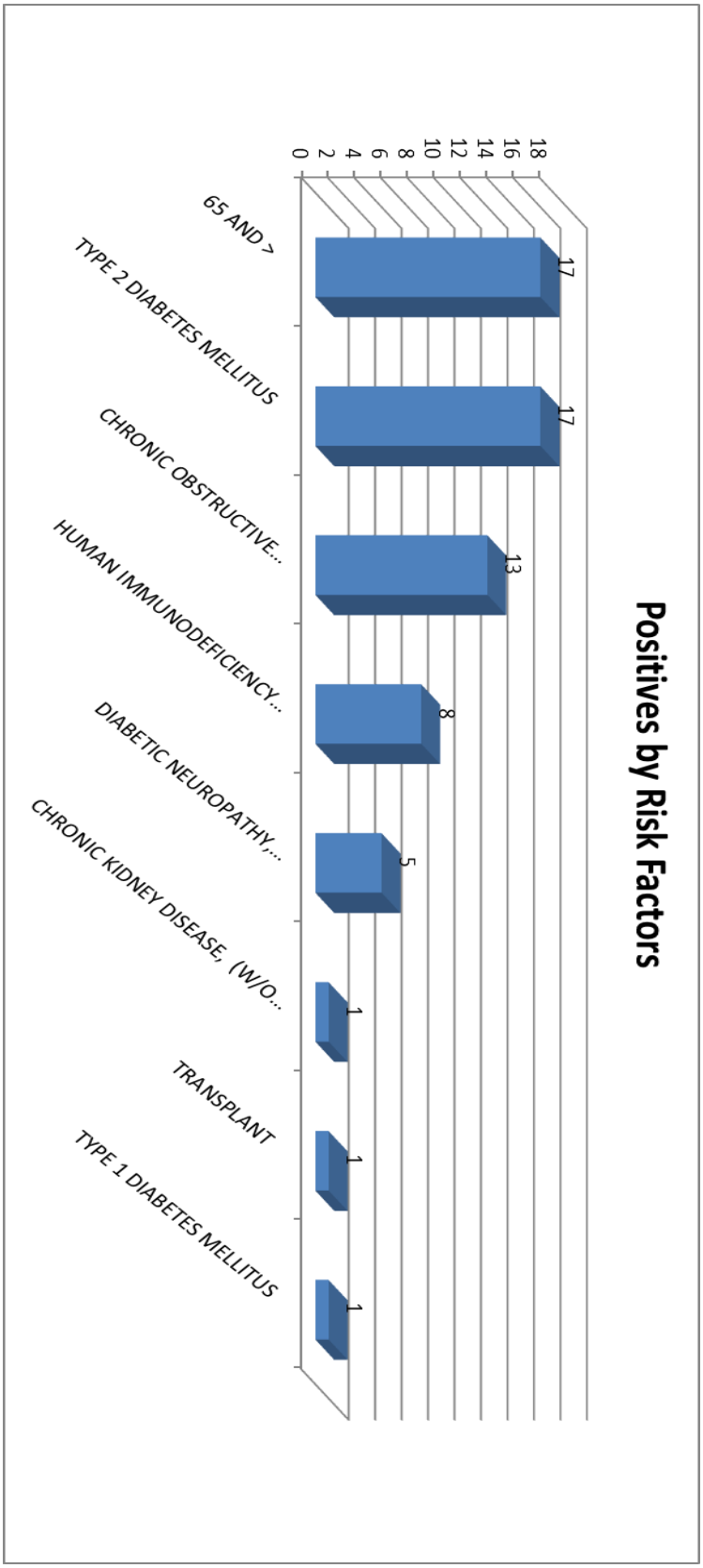
Suzanne Murray
Quality Management Analyst
Austin Telehealth Hub
6300 La Calma Dr. #330, Austin, TX 78752
C 281-678-1363
O 512-374-9308 ext: 2117
E - sumurray@utmb.edu

On April 28 and 29, 2020 UTMB-CMC performed C-19 surveillance testing at the Telford Facility. There were initially 175 patients identified as high risk by age and/or comorbidity. There were 0 Refusals, prior positive testing and parole reduced the number tested, but after removing duplicate tests, the final number of unique patient tests was 113. There were 50 patients who tested negative and 63 patients who tested positively.



Breaking down the positives by risk factor yielded the following results:

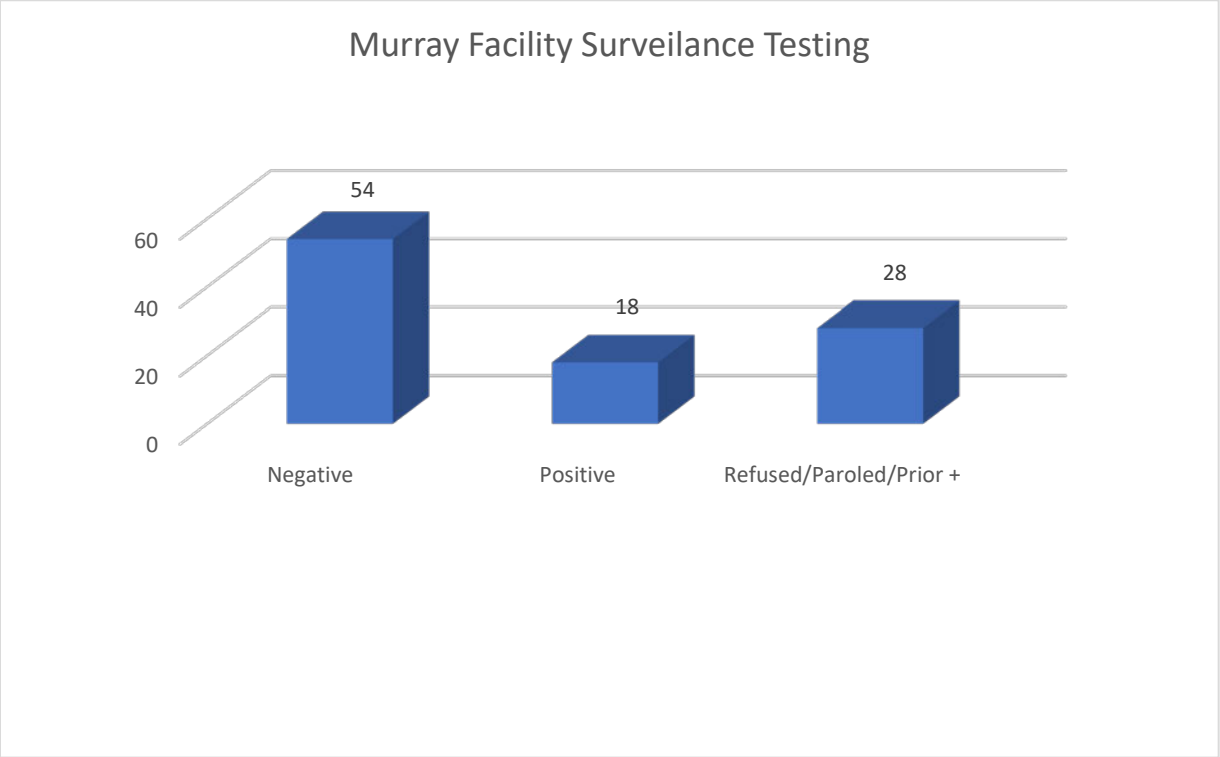
Positives by Risk Factor	
65 AND >	17
TYPE 2 DIABETES MELLITUS	17
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	13
HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	8
DIABETIC NEUROPATHY, UNSPECIFIED	5
CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	1
TRANSPLANT	1
TYPE 1 DIABETES MELLITUS	1
TOTAL	63

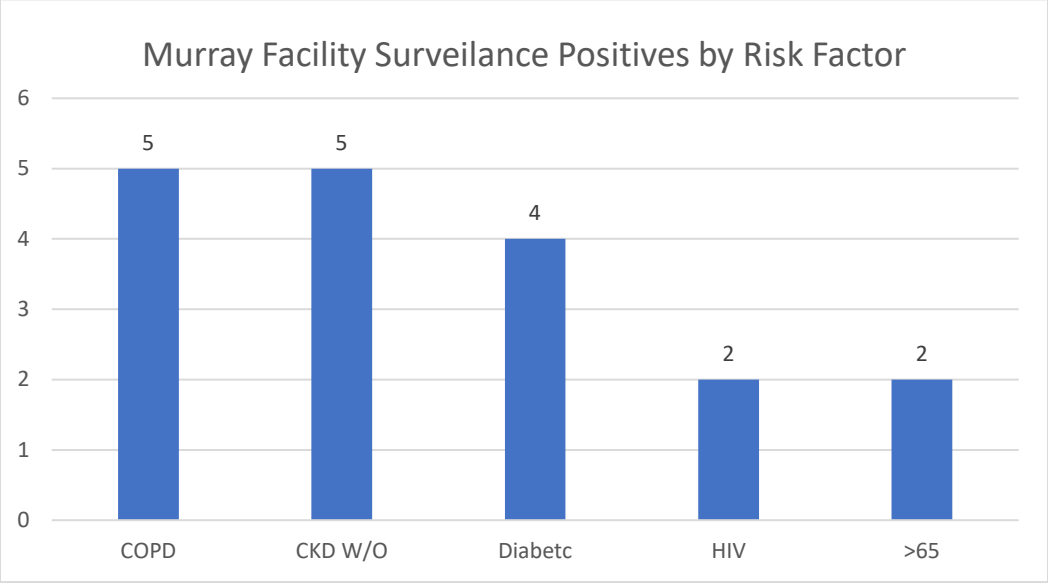

Positives by Risk Factors
0
2
4
6
8
10
12
14
16
18
65 AND >
17
TYPE 2 DIABETES MELLITUS
17
CHRONIC OBSTRUCTIVE...
13
HUMAN IMMUNODEFICIENCY...
8
DIABETIC NEUROPATHY,...
5
CHRONIC KIDNEY DISEASE, (W/O...
1
TRANSPLANT
1
TYPE 1 DIABETES MELLITUS
1

From:	Murray, Owen J.
To:	Sharma, Gulshan; Ojo, Olugbenga B.; Kovacevich, Marjorie M.; Lannette Linthicum
Cc:	Smith, Monte K.; Robison, Justin R.; Robison, (Denee) Jerri D.; Coates, Kelly; Zepeda, Stephanie D.; Chris Black-Edwards; Pulvino, John S.; Murray, Suzanne
Date:	Saturday, April 25, 2020 11:33:53 AM
Attachments:	Surveilance data.docx

Here is a summary of our Murray surveillance. I have sent the positives on to Chris. Let me know if you require anything additional. Thanks OJM

On April 23, 2020 UTMB-CMC did C-19 surveillance testing at the Lane Murray facility. There were initially 100 patients identified as high risk by age and/or comorbidity. Refusals, prior positive testing, and parole reduced the number tested to 72.





From: Murray, Suzanne
To: Lannette Linthicum; Murray, Owen J.; Coates, Kelly; Robison, (Denee) Jerri D.
Subject: Wynne unit offender Surveillance testing
Date: Monday, May 18, 2020 1:55:18 PM
Attachments: Surveillance Data - Wynne.docx

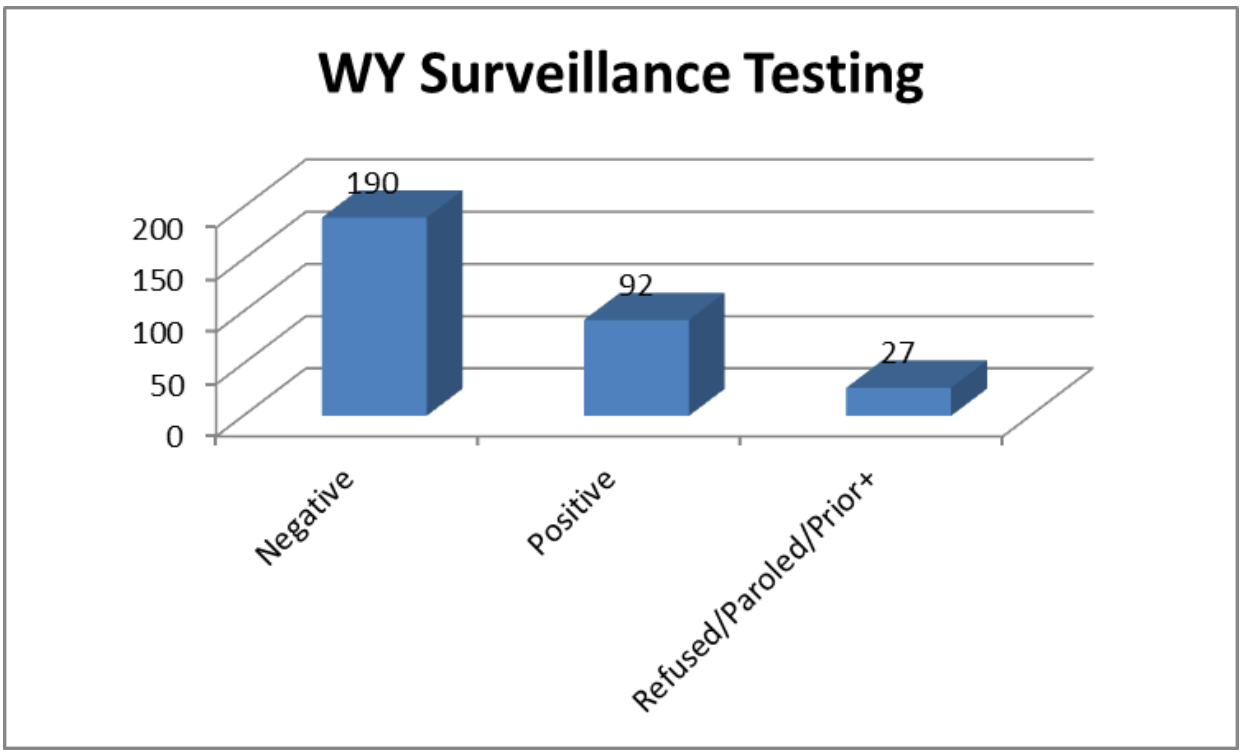
Good afternoon,

I have attached the surveillance data for Wynne.
Please let me know if you have any questions or concerns.

Best,
Suzanne

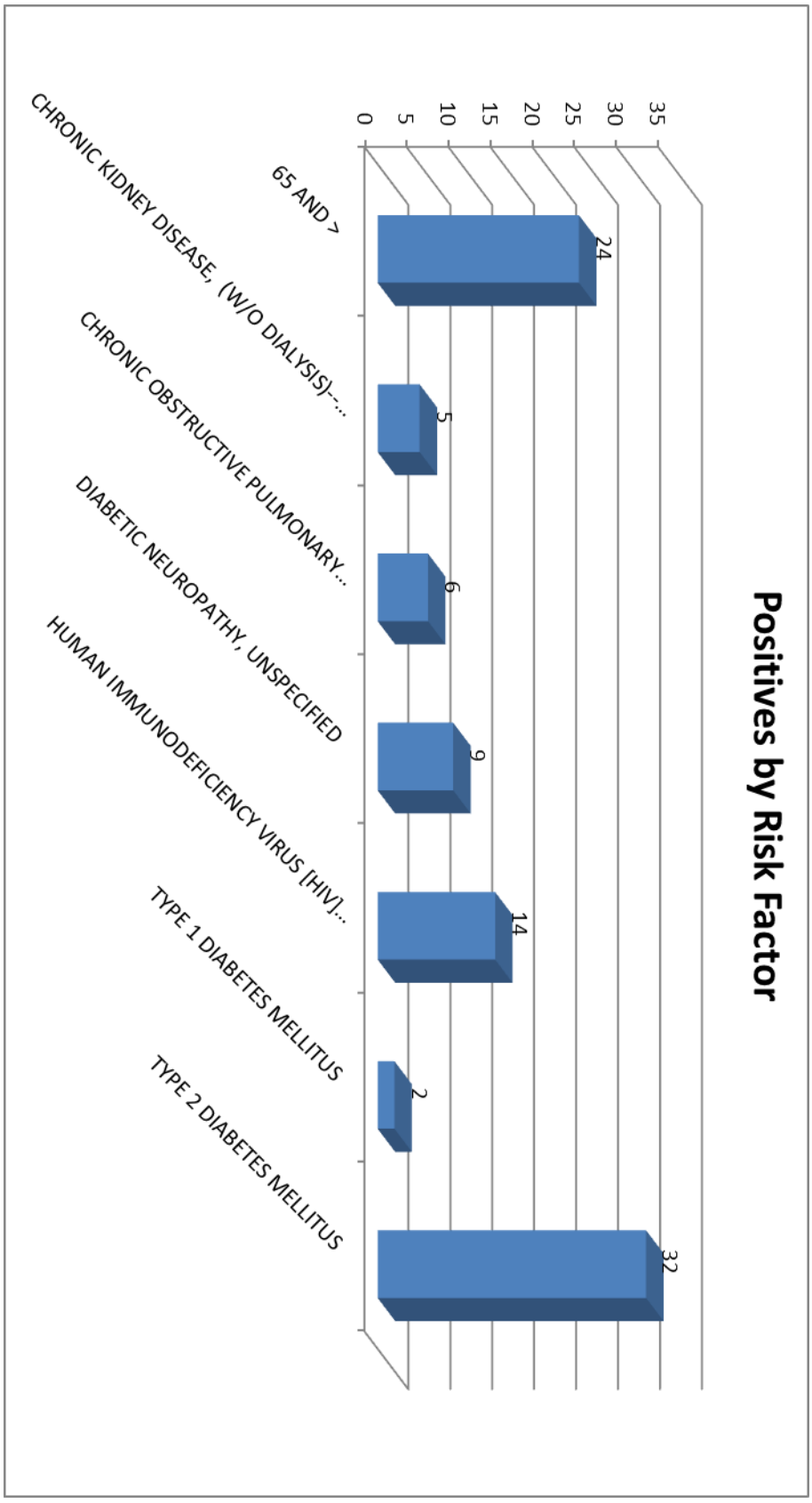
Suzanne Murray
Quality Management Analyst
Austin Telehealth Hub
6300 La Calma Dr. #330, Austin, TX 78752
C 281-678-1363
O 512-374-9308 ext: 2117
E - sumurray@utmb.edu

On April 29 through May 1, 2020 UTMB-CMC performed C-19 surveillance testing at the Wynne Facility. There were initially 309 patients identified as high risk by age and/or comorbidity. There were 27 Refusals, prior positive testing and parole, which reduced the number tested final number to 282. There were 190 patients who tested negative and 92 patients who tested positively.



Breaking down the positives by risk factor yielded the following results:

Positives by Risk Factors	
65 AND >	24
TYPE 2 DIABETES MELLITUS	32
HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	14
DIABETIC NEUROPATHY, UNSPECIFIED	9
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	6
CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	5
TYPE 1 DIABETES MELLITUS	2
TOTAL	92


Positives by Risk Factor
0
5
10
15
20
25
30
35
65 AND >
CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)-...
CHRONIC OBSTRUCTIVE PULMONARY...
DIABETIC NEUROPATHY, UNSPECIFIED
HUMAN IMMUNODEFICIENCY VIRUS [HIV]...
TYPE 1 DIABETES MELLITUS
TYPE 2 DIABETES MELLITUS
24
5
6
9
14
2
32

From: Robison, (Denee) Jerri D.
To: Lannette Linthicum
Cc: Murray, Suzanne; Coates, Kelly; Robison, Justin R.
Subject: FW: Estelle unit focus offender testing
Date: Tuesday, May 5, 2020 4:16:20 PM
Attachments: C-19 Surveillance Testing - 5-5-20.xlsx

Dr. L. See attached for surveillance testing thus far. More information to follow tomorrow.

Justin, thanks for the info.

Denee' Robison, MSN, RN, CCN/M
Regional NM, Quality/Risk Management
UTMB-CMC
Ofc - 409-747-2727
Cell - 806-438-7966

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Tuesday, May 5, 2020 4:10 PM
To: Murray, Suzanne <sumurray@UTMB.EDU>
Cc: Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>
Subject: RE: Estelle unit focus offender testing

Suzanne,

The courier does not leave Estelle tomorrow until 3:15pm. They have collected 68 today but are still in the process of collecting remaining specimens.

Attached is what I have so far.

I will update you again tomorrow soon as I receive the final number.

Thanks
Justin

From: Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>
Sent: Tuesday, May 5, 2020 3:27 PM
To: Robison, Justin R. <jrrobiso@UTMB.EDU>
Subject: FW: Estelle unit focus offender testing

Justin,

Do you have this info?

Denee' Robison, MSN, RN, CCN/M
Regional NM, Quality/Risk Management
UTMB-CMC
Ofc - 409-747-2727
Cell - 806-438-7966

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, May 5, 2020 3:26 PM
To: Murray, Suzanne <sumurray@UTMB.EDU>
Cc: Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>
Subject: Estelle unit focus offender testing

Good Afternoon Suzanne,
Do you have any numbers you can share with me yet on the focus testing at Estelle?

Lannette Linthicum, MD, FACP, CCHP-A
Director, Health Services Division
Texas Department of Criminal Justice

COVID-19 Surveillance Testing

Swab Date	Date to Lab	Facility	Patients Identified	Patients Tested	TDCJ Employees Tested	UTMB Employees Tested	Total Tested
4/23	4/23	Murray	100	73			73
4/23	4/23	Young	166	129			129
4/23	4/24	Estelle Geri	29	28			28
4/23	4/24	Terrell	5	4			4
4/24	4/24	Beto			218		218
4/25	4/25	Beto			75		75
4/26	4/27	Estelle	221	250			250
4/27	4/28	Estelle	250	188			188
4/28	4/29	Telford	175	116			116
4/29	4/29	Beto				36	36
4/29	4/30	Woodman	28	25			25
4/29	4/30	Wynne	200	200			200
4/30	4/30	Beto			108		108
4/30	4/30	Murray			81		81
4/30	4/30	Woodman			130		130
4/30	5/1	Stringfellow	141	122			122
4/30	5/1	Wynne	109	82			82
5/1	5/1	Beto			45	37	82
5/1	5/1	Murray			10		10
5/1	5/1	Woodman			53		53
5/4	5/5	Beto	165	121			121
5/4	5/5	Estelle	85	85			85
5/5	5/5	Woodman				18	18
5/5	5/5	Murray				32	32
5/5	5/6	Estelle	250	68			68
5/6	5/6	Woodman					0
5/6	5/6	Murray					0
			1,924	**1,491**	**720**	**123**	**2,334**

From:	Robison, Justin R.
To:	Lannette Linthicum; Chris Black-Edwards
Cc:	Murray, Owen J.; Coates, Kelly; Abbott, Kirk D.; Williams, Anthony K.
Subject:	RE: COVID-19 testing
Date:	Monday, April 27, 2020 1:47:53 PM
Attachments:	image001.png COVID-19 Risk based testing - SOP.msg

Dr. L.,

Attached is the document with offender surveillance testing dates.

Thanks,
Justin

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, April 27, 2020 1:25 PM
To: Robison, Justin R. <jrrobiso@UTMB.EDU>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Coates, Kelly <kecoates@UTMB.EDU>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Williams, Anthony K. <akwillia@utmb.edu>
Subject: RE: COVID-19 testing

Justin,
I do not have the dates for when this focus based testing is occurring at the units. However, as it is being done; it needs to be reported to me and Chris separately from the routine testing. I will need to know the number targeted for testing; the number that agreed to testing and then a list of offenders that tested positive. The list should include the offender names and TDCJ numbers and it should give totals. If you have a schedule for the dates of this focus testing by unit that would be helpful.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Tuesday, April 21, 2020 3:41 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>
Subject: COVID-19 testing

Dr. L,

Per your request, attached is the draft process for risk based COVID-19 testing.
We are having a meeting at 4pm today to begin determining the actual dates of testing. I will provide you with a final copy once the dates have been filled in on the attached spreadsheet.

Thank you,

Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

From: Robison, Justin R.
To: Iannette.linthicum@tdcj.texas.gov; Chris.Black-Edwards@tdcj.texas.gov
Cc: Murray, Owen J.; Smith, Monte K.; Abbott, Kirk D.
Subject: COVID-19 Risk based testing - SOP
Attachments: image001.png
COVID-19 Risk based testing - SOP.docx

Dr. Linthicum,

Attached is the risk based COVID-19 testing SOP. I have included that specimen collection will be conducted cell side.
I have also included dates of testing for each of the eight facilities.

The only exception is the Estelle Geriatric center. Specimens will be collected today for this population.

Please let me know if you have any questions or concerns.

Thank you,

Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

COVID-19 Risk Based Testing – SOP

- COVID-19 testing may be performed on offenders assigned to the following facilities and risk groups:

- **Facilities:**
  - Beto - 165
  - Estelle - 615
    - Estelle Dialysis - 220
  - Murray - 100
  - Stringfellow – 141
  - Telford - 175
  - Woodman - 28
  - Wynne - 309
  - Young - 136
    - Young Dialysis – 30
- **Risk groups:**
  - Age 65 or older
  - Age 50 to 64 with:
    - COPD
    - CKD
    - Diabetes
  - Organ Transplant
  - HIV/AIDS
  - Dialysis

Nursing staff will utilize the Standing Delegation Orders – COVID-19 Testing, D-27.5 Att B-2 to order the COVID-19 tests. All tests will be ordered under Dr. Owen Murray.

Specimen collection will be conducted cell side.
All risk-based testing will be sent to the HG Lab for processing.

The HG lab must be able to identify risk-based tests from symptomatic person under investigation (PUI) tests.

- Risk-based testing – use a GREEN marker and place a dot on the patient label affixed to the viral culture tube.
- Symptomatic PUI testing – use a RED marker and place a dot on the patient label affixed to the viral culture tube.

HG Lab Processing Dates. Specimen collection may occur prior due to transport time.

DATE	Facility	Tests	Facility.	Tests.	TOTAL
4/24/2020	Young	166	Murray	100	266
4/27/2020	Estelle	250			250
4/28/2020	Estelle	250			250
4/29/2020	Telford	175			175
4/30/2020	Wynne	200	Woodman	28	228
5/1/2020	Wynne	109	Stringfellow	141	250
5/5/2020	Estelle	85	Beto	165	250
5/6/2020	Estelle	250			250
				Total	1919

From: Murray, Suzanne
To: Lannette Linthicum; Coates, Kelly
Cc: Robison, (Denee) Jerri D.; Murray, Owen J.
Subject: Re: Estelle unit offender Surveillance testing
Date: Tuesday, May 12, 2020 11:32:18 AM
Attachments: Surveillance Data - E2.docx

Good morning,

I have attached the surveillance data for Estelle.
Please let me know if you have any questions or concerns.

Best,
Suzanne

Suzanne Murray
Quality Management Analyst
Austin Telehealth Hub
6300 La Calma Dr. #330, Austin, TX 78752
C 281-678-1363
O 512-374-9308 ext: 2117
E - sumurray@utmb.edu

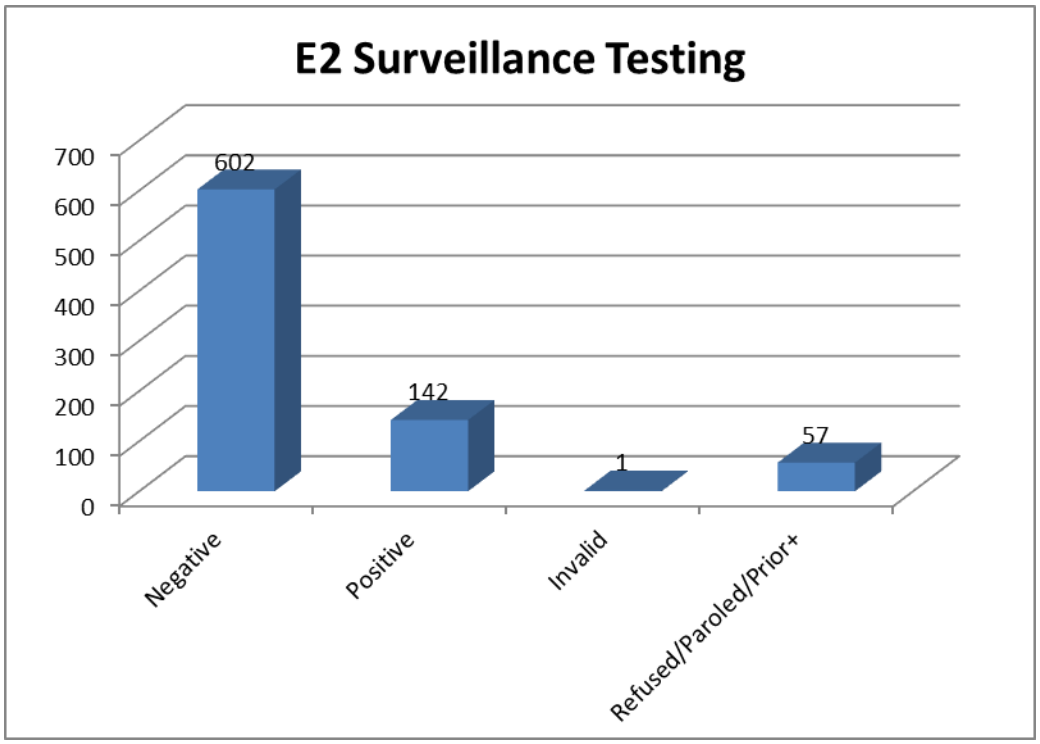
From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, May 11, 2020 4:54 PM
To: Murray, Suzanne <sumurray@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>
Cc: Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>; Murray, Owen J. <ojmurray@utmb.edu>
Subject: Estelle unit offender Surveillance testing

Good afternoon Suzanne,
Do you have any results for me yet? Please advise.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice

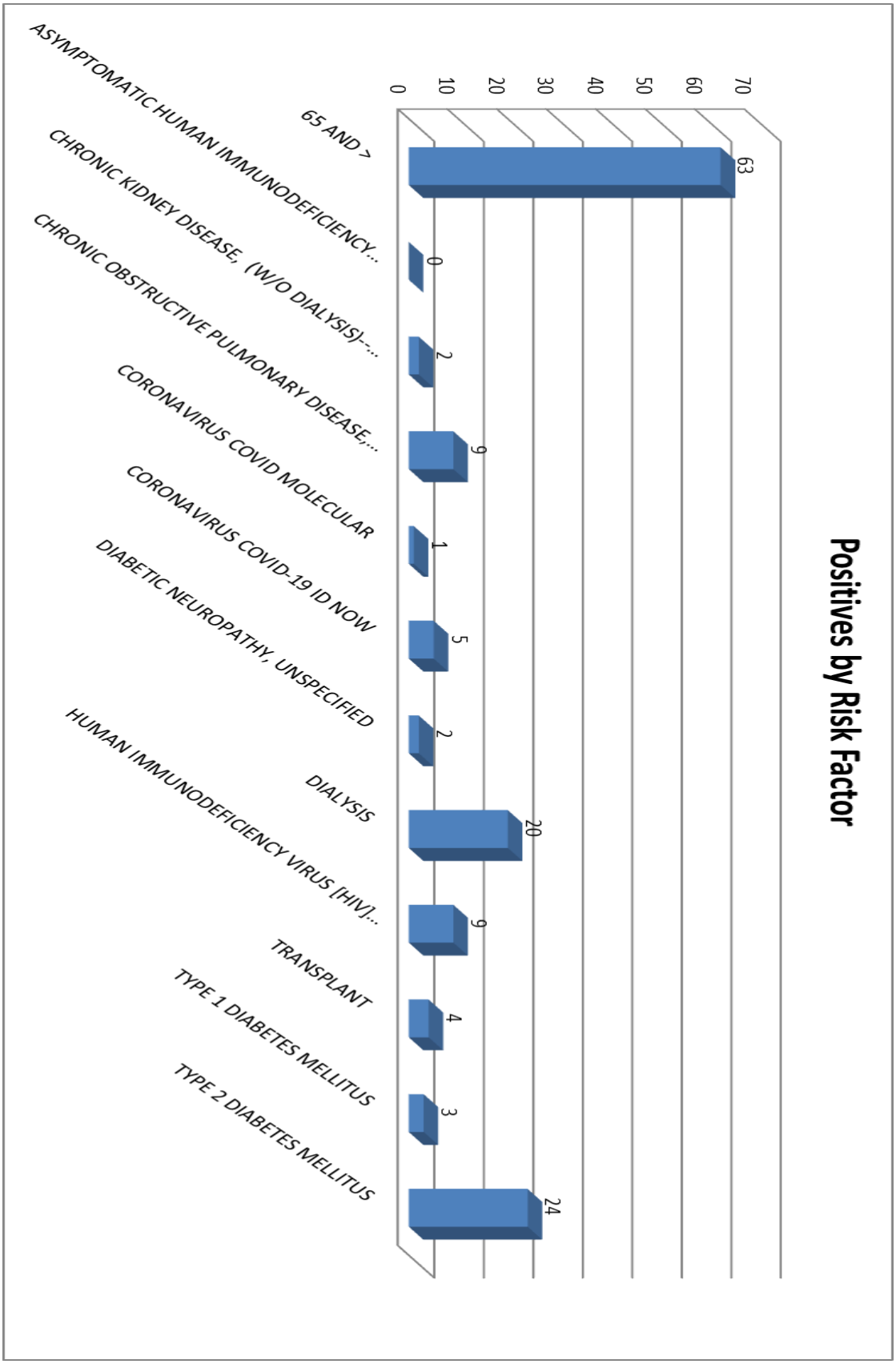
Phone: (936) 437-3542

On May 5 and 6, 2020 UTMB-CMC performed C-19 surveillance testing at the Estelle Facility. There were initially 835 (Estelle Dialysis 220) patients identified as high risk by age and/or comorbidity. Refusals, prior positive testing, and parole reduced the number tested by 57 to 778. There were 602 patients who tested negative and 142 patients who tested positively (there was 1 invalid test).



Breaking down the positives by risk factor yielded the following results:

Positives by Risk Factor	
65 AND >	63
TYPE 2 DIABETES MELLITUS	24
DIALYSIS	20
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, COPD, EMPHYSEMA	9
HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	9
CORONAVIRUS COVID-19 ID NOW	5
TRANSPLANT	4
TYPE 1 DIABETES MELLITUS	3
CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)--CRF CHRONIC RENAL FAILURE/INSUFFICIENCY	2
DIABETIC NEUROPATHY, UNSPECIFIED	2
CORONAVIRUS COVID MOLECULAR	1
ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS [HIV] INFECTION STATUS	0


Positives by Risk Factor
0
10
20
30
40
50
60
70
65 AND >
63
ASYMPTOMATIC HUMAN IMMUNODEFICIENCY...
0
CHRONIC KIDNEY DISEASE, (W/O DIALYSIS)-...
2
CHRONIC OBSTRUCTIVE PULMONARY DISEASE,...
9
CORONAVIRUS COVID MOLECULAR
1
CORONAVIRUS COVID-19 ID NOW
5
DIABETIC NEUROPATHY, UNSPECIFIED
2
DIALYSIS
20
HUMAN IMMUNODEFICIENCY VIRUS [HIV]...
9
TRANSPLANT
4
TYPE 1 DIABETES MELLITUS
3
TYPE 2 DIABETES MELLITUS
24

Pandemic Viral Infectious Disease Policy for Novel Coronavirus (COVID-19)

March 2020

Texas Department of Criminal Justice

March 2020

Texas Department of Criminal Justice (TDCJ) Pandemic Viral Infection Response Stages

The TDCJ *Pandemic Viral Infection Plan* is patterned after the Federal Bureau of Prisons' plan. It is divided into the three stages that are used for standard contingency plans; in this plan, the three stages are designed to correlate with the Federal Government Response Stages for pandemic viral infection.

The Pandemic Viral Infection Response Stages are as follows:

- **PREPARATION** (Federal Response Stages 0–1). Most of the detail in this plan involves the preparation phase.
- **RESPONSE** (Federal Response Stages 2–5). This phase, which begins when it is announced that there are confirmed human outbreaks overseas, involves both making last-minute preparations and actually responding to pandemic viral symptoms.
- **RECOVERY** (Federal Response Stage 6). This phase involves recovering from the pandemic, evaluating actions taken during the pandemic, and preparing for more cases of viral infection. Based on what we know from previous pandemics, subsequent waves of cases of viral infection are likely to follow once the pandemic has subsided.

Federal Government Response Stages*		TDCJ Viral Infection Plan	
		Federal Stages	Stage
0	New domestic animal outbreak in at-risk country	0-1	PREPARATION
1	Suspected human outbreak overseas		
2	Confirmed human outbreak overseas	2-5	RESPONSE
3	Widespread human outbreaks in multiple locations overseas		
4	First human case in North America		
5	Spread throughout United States		
6	Recovery & preparation for subsequent waves	6	RECOVERY

* *The Federal Government Response Stages should not be confused with the World Health Organization phases of pandemic viral infection.*

Texas Department of Criminal Justice

March 2020

Table of Contents

Texas Department of Criminal Justice

March 2020

Overview

Starting now, every TDCJ institution should creatively and aggressively promote three health habits that interrupt viral infection transmission: regular hand hygiene, respiratory etiquette (coughing or sneezing into a sleeve or tissue); and avoiding touching one's mouth, nose or eyes).

This guidance provides general information about pandemic viral infection. In the event of a pandemic, specific guidance related to that event will be issued by the TDCJ Office of Public Health.

A Novel Coronavirus, designated as 2019-NCOV, emerged in Wuhan, China, at the end of 2019. Many of the initial patients in the outbreak had a link to a large seafood and live animal market in Wuhan, China, suggesting animal-to-person spread. Currently, person-to-person spread is occurring in multiple areas across China and other countries. The United States Centers for Disease Control and Prevention (CDC) currently reports **607** (as of 3:00pm 03/09/2020) cases in the United States. There are currently **13** cases in Texas with no evidence of community spread.

Coronavirus' are a large family of viruses. Some infect animals, some infect people, and a few infect both. In fact, seven are known to infect humans.

4 are common (229E, NL63, OC43 and HKU1

- Usually self limiting mild to moderate upper respiratory illness (like the common cold)
- Most people infected with a least one in their lifetime
- Detected on some standard respiratory illness panels

3 are rare (MERS-CoV, SARS-CoV & 2019-nCoV)

- Animal coronaviruses that infect people and then spread between people
- Can be more severe-pneumonia & life threatening illness
- Will not be identified on standard respiratory illness panels

How is a viral infection transmitted?

When people who are sick with the viral infection either cough or sneeze, they release infectious droplets that can enter another person's body through their eyes, nose, or mouth. Viral germs can spread through the air, up to six feet away from the sick person. Viral particles do not remain suspended in the air. However, if a person who is sick with the viral infection touches surfaces, such as telephones and door knobs, the surface can become contaminated with the virus. Other people then can become infected with the virus by touching the surface and then touching their eyes, nose, or mouth.

When can a person transmit these viral infections?

For the purposes of this guidance, the *infectious period* for viral infection is generally defined

as: one day before fever starts until 24 hours after fever ends. Some people may shed virus for a while longer; however, studies have shown that after fever resolves there is a significant reduction in the ability to transmit infection.

How long does it take for symptoms to develop?

The estimated *incubation period* (the time between acquiring viral infection and becoming ill) is generally up to 14 days for COVID-19. Symptoms likely appear as few as 2 days or as long as 14 days after exposure.

Surveillance

Surveillance refers to the process of detecting and tracking diseases. Surveillance for viral infection involves screening for viral infection symptoms (to rapidly identify viral infection patients and isolate them); and collecting, analyzing, and reporting data on individuals who are diagnosed with viral infection-like illness. TDCJ utilizes the following definition of viral infection-like illness:

Influenza-like illness (ILI): ILI is defined as fever *or feeling feverish/chills accompanied by either cough and/or sore throat (in the absence of a known cause other than influenza). Influenza-like illness is a fever of ≥ 100° F (37.8° C) oral or equivalent, with a cough and/or sore throat without a known case other than influenza. *It's important to note that not everyone with flu will have a fever.

During a pandemic of viral infection, ILI will be tracked utilizing the Electronic Health Record (EHR). On a daily basis, enter the offender's information into the EHR. This information will include the occurrence of: ILI, complicated ILI (requiring prescription medication or intravenous fluids), ILI related hospitalization, and ILI related deaths. This will allow all TDCJ units and the central and regional offices to closely track the occurrence of ILI within TDCJ facilities.

Infection Control

Infection control consists of practices that interrupt the spread of disease. A variety of measures to interrupt viral infection transmission are listed in *Table 1* below and discussed on the following pages.

Table 1. Pandemic Viral Infection Control Measures

1. Promote good health habits among employees and offenders:
   - **a.** Regular hand hygiene
   - **b.** Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
   - **c.** Avoiding touching one's eyes, nose, or mouth
2. Conduct **daily** environmental cleaning of "high touch" surfaces.
3. Separate the sick from the well.
   - **a.** Advise employees to stay home from work if they are sick.
   - **b.** Promptly identify and contain offenders with viral infection-like illness (ILI).
   - **c.** Isolate or cohort offenders who are sick with pandemic viral infection.
   - **d.** Conduct contact investigations for viral infection cases and medical restriction contacts.
4. Create "social distance" between people.
5. Use personal protective equipment (PPE) for close contact with viral infection cases.
6. If widespread viral infection transmission, consider targeted distribution of face masks (only with permission of the TDCJ Office of Public Health).
7. Provide ongoing infection control education.

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1. Promote good health habits among employees and offenders.

Critical to preventing viral infection transmission is a triad of good health habits, including:

a. Regular hand hygiene
b. Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
c. Avoiding touching one's eyes, nose, or mouth

- Preparing for pandemic viral infection involves improving compliance with these basic infection control measures, *beginning now*. Each unit should assure that adequate supplies and facilities are available for hand washing for both offenders and employees.
- Health care workers should have access to alcohol-based hand rub provided in accordance with fire and safety rules. CDC has made no recommendations regarding the use of **Non-alcohol-based** hand rub but use of these products is presumably better than no hand hygiene at all. Provision of **Non-alcohol-based** hand rub via dispensers should be considered in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitor area, and office entrances, etc.
- Provisions should be made for employees and visitors to wash their hands **before** and **after** they enter the unit. The triad of good health habits should be promoted in various ways, i.e., educational programs, posters, campaigns, assessing adherence with hand hygiene, etc.

2. Conduct frequent environmental cleaning of "high-touch" surfaces.

Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore can become contaminated with germs. The TDCJ Office of Public Health is recommending cleaning procedures at every shift, on a daily basis. These can include doorknobs, keys, hand rails, telephones, computer keyboards, elevator buttons, offender cell bars, etc. Increasing the frequency of environmental cleaning of these surfaces is something that also can be started now, thereby preventing transmission of infections such as the common cold, seasonal influenza and MRSA. Some facilities have increased environmental cleaning of high-touch surfaces by increasing the number of offender workers assigned to this duty. Other housekeeping/cleaning recommendations may be found in Correctional Managed Health Care (CMHC) Policy B-14.26 Attachment D.

3. Separate the sick from the well.

Transmission of pandemic viral infection can be prevented by separating those who are ill from those who have not been infected. In the event of pandemic viral infection, several measures should be implemented to separate the sick from the well. Below in *Table 2* are definitions of two important terms related to separating the sick from the well and that are frequently confused with each other.

Table 2. Definitions of "Isolation" and "Medical Restriction"
Isolation: Confining individuals who are **sick with viral infection** (ILI cases) either to single cells or by cohorting them with other viral infection patients.
Medical Restriction: Confining asymptomatic persons who are **contacts of viral infection cases**, while they are in the incubation period (until 4 days after exposure ended for flu and 14 days for Coronavirus).

The following measures are recommended to separate the sick from the well.

a. Advise employees to stay home from work if they are sick.

The most likely way that pandemic viral infection will gain entrance to a TDCJ unit is via infected employees. In the event of pandemic viral infection, staff should be educated to stay home if they have viral infection symptoms. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home. In general, the timetable for returning to work is 24 hours after a person's temperature returns to normal.

b. Promptly identify and contain offenders with viral influenza-like illness (ILI).

Prompt identification and isolation of offenders with ILI is critical. During the course of pandemic viral infection, *all* offenders should be screened at intake, based upon guidance from the TDCJ Office of Public Health. If ILI is circulating within the institution, offenders should be screened at triage/sick-call and prior to transfer or daily transport. In addition, all staff should be advised to report if any offenders are symptomatic.

Immediately place a face mask on all offenders who are identified as having ILI symptoms (if it can be tolerated). They should be isolated or cohorted with other sick offenders (see below).

Screening at intake: The screening of offenders upon arrival should be adapted to the particular situation at each unit, with the goal of keeping new arrivals segregated from other offenders, until the screening process has been completed. Screening should be conducted utilizing the *Viral Influenza-Like Illness Screening Form (Attachment 1)*.

Screening at triage/sick-call: If ILI is circulating within the institution, offenders at sick-call should be asked about ILI symptoms; if symptoms are present, these offenders should be asked to wear a face mask and be physically separated from offenders presenting to sick-call for other reasons.

Screening of transfers and daily transports: If ILI is circulating within the institution, offenders should be screened for ILI prior to transport. If ILI is identified in an offender, in general, their transfer or transport should be postponed until the offender has been fever-free for 24 hours (without fever-reducing medication).

c. Isolate or cohort offenders who are sick with pandemic viral infection.

A critical infection control measure for pandemic viral infection is to promptly separate offenders who are sick with viral infection symptoms away from other offenders in the general population. Offenders can be *isolated* in single cells. Alternatively, groups of sick offenders can be *cohorted* together in a separate unit.

Cells/Cell Blocks where offenders with ILI are either housed alone or cohorted should be designated as "Viral Infection Isolation Cell/Unit" (see *Attachment 2*). In general, no special air handling is needed. Depending on how ill the offenders are, bunk beds may or may not be suitable. Ideally, the housing area should have a toilet and sink attached. If not, offenders will have to wear a face mask to go to the bathroom outside the cell. The door to the Viral infection Isolation Cell/Unit should remain closed. A sign should be placed on the door of the room indicating that it is an Viral infection Isolation Cell/Unit and listing recommended personal protective equipment (PPE) (see *Attachment 3*).

Within Viral infection Isolation Cell/Unit, Standard Precautions should be followed. The type of respiratory protection required (i.e., face mask) will be based on guidance from the TDCJ Office of Public Health during the pandemic.

If the offender with ILI must be taken out of isolation, a face mask should be placed on the sick offender to reduce the risk of spray through cough or sneeze.

If the offender with ILI must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medications), then an airborne infection isolation (AII) room with negative pressure and 6 to 12 air changes per hour, is indicated. A respirator, eye protection (goggles or face shield), and a gown should be worn during patient care activities that are likely to generate splashes and sprays of blood, body fluids, secretions, or excretions, e.g., suctioning or nebulizer treatments.

In large dorm settings, isolation may not be a possibility. If isolation is not feasible, attempt to place the beds of sick offenders at a distance of at least 6 feet from other offenders. It is recognized that if there is widespread viral infection transmission within a unit, isolation as a strategy may not be feasible.

d. Conduct contact investigations for viral infection cases and medically restrict contacts.

It may be appropriate to identify close contacts to pandemic viral infection cases and medically restrict them in a separate unit. The purpose of medical restriction is to assure that offenders who are known to have been exposed to the virus are kept separate from other offenders to assess whether they develop viral infection symptoms. For the purposes of this document, exposure is defined as having been in a setting where there was a high likelihood of contact with respiratory droplets of a person with ILI. Examples of close contact include

sharing eating or drinking utensils, or any other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.

Within correctional facilities, the duration of medical restriction during pandemic viral infection is 4 -14 days depending on the TDCJ Office of Public Health's guidance. As feasible, the beds/cots of medically restricted offenders should be placed at least 6 feet apart. Medically restricted offenders should be restricted from being transferred, having visits, or mixing with the general population. A surgical face mask is recommended for staff who are in direct, close contact (within 6 feet) of medically restricted offenders.

Note: *Once multiple viral infection cases occur within multiple housing units, a decision may be made to abandon contact investigation and the subsequent medical restriction of contacts. In this case, everyone in the facility has become a "contact," and contact investigation and medical restriction are no longer useful or appropriate control strategies.*

4. Create "social distance" between people.

In the general community, an important method for preventing pandemic viral infection transmission will be to increase the distance between people by instituting various "social distancing" measures, e.g., closing schools, theaters, and churches; staggering work schedules; discouraging use of public transportation, etc. While "social distancing" is more difficult to accomplish in a correctional setting, there are possible interventions.

Social distancing measures in correctional facilities could include:

- limiting gatherings (group meals, religious services, work, classes, recreation, common areas)
- ending visitation
- halting entrance to volunteers and contractors
- discouraging shaking of hands, etc.
- Individual cell blocks can be taken separately to recreation and the dining hall with thorough environmental cleaning in between.
- Each local pandemic viral infection planning committee should identify ways to accomplish social distancing within their facility.

With the occurrence of multiple cases of viral infection, lock-down of offender dormitories, buildings, and entire institutions should be considered on a case-by-case basis, in consultation with the TDCJ Office of Public Health.

5. Use personal protective equipment for close contact with viral infection cases.

Anyone who is working in close contact with pandemic viral infection cases should be provided personal protective equipment.

a. Respiratory Protection: Face masks (not respirators) are recommended for use with viral

infected offenders because the primary mode of viral infection transmission is droplet spread (not airborne). Respirators are generally utilized to protect against small airborne particles, e.g., with tuberculosis patients.

Table 3. Updated Definitions of "Face Masks" and "Respirators" (CDC-2009)
Face Masks: Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). They include the following categories of masks: surgical, dental, medical procedure, and laser.
Respirators: N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.

In the event of a pandemic viral infection, the use of respirators may be indicated, based on guidance from the CDC and the TDCJ Office of Public Health. Respirators should be worn in situations in which the virus may be aerosolized, including aerosol-generating procedures (such as endotracheal intubation, nebulizer treatments), resuscitation of a patient, or when providing direct care to a patient with confirmed or suspected viral infection-related pneumonia.

b. **Gloves:** Healthcare personnel caring for patients should wear gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. If gloves are worn, perform hand hygiene before donning and after removing gloves.

c. **Eye protection and gowns** should be worn by health care personnel when spray or splash or body fluids, secretions, or excretions is anticipated, e.g., suctioning, administering nebulized medication. Eyeglasses are *not* sufficient for eye protection. Appropriately fitted, indirectly vented goggles with a manufacturer's anti-fog coating provide the most reliable, practical eye protection from respiratory droplets, and they come in styles that can be fitted over eye glasses. Face shields can be used as an infection control alternative to goggles.

d. **Face masks** are the recommended personal protective equipment when in close contact (within 6 feet) of medically restricted offenders (housing of asymptomatic contacts who have been exposed to ILI). Face masks do not require fit-testing. Face masks also should be placed on persons with ILI to prevent droplet spread, i.e., during transport.

6. If widespread viral infection transmission, consider targeted distribution of face masks.

It is unknown whether the targeted distribution and use of face masks during a pandemic viral infection outbreak will interrupt the spread of viral infection. Because of the close contact between people in correctional facilities, face masks should be obtained for distribution to employees and offenders in the event of pandemic viral infection. Permission must be obtained from the TDCJ Office of Public Health prior to targeted distribution of face masks.

7. Provide ongoing infection control education.

Successful response to pandemic viral infection will depend greatly on strong education efforts prior to and during an actual event. The education for pandemic viral infection control is closely related to other important infection control education for correctional facilities. Education about hand hygiene, respiratory etiquette, and environmental cleaning provides benefits to offenders and employees with regard to a variety of infectious diseases. Infection control education should be ongoing— the more the better. Using a variety of media (posters, newsletters, video) increases the likelihood that employees and offenders will comply with infection control recommendations.

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Action Steps by Pandemic Stage

Preparation (Federal Response Stages 0–1)
(See Correctional Managed Health Care Policy B-14.20 Standard Precautions, which are provided for the Preparation stage only.)

1. Identify a staff person to be responsible for viral infection surveillance and infection control.
2. Increase emphasis on good health habits to stop viral infection transmission, especially hand washing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
   - **a.** Make soap dispensers or hand soap available in all employee and offender restrooms.
   - **b.** Institute a plan to assure that soap dispensers are refilled regularly.
   - **c.** Assure that offenders have an adequate supply of bar soap.
   - **d.** Provide education to employees and offenders on hand hygiene, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
   - **e.** Maximize access to alcohol-based hand rub dispensers in the Medical Unit.
   - **f.** Regularly assess the hand hygiene practices of employees and offenders, and design measures to improve hand hygiene.
   - **g.** Assure that employees and visitors can wash their hands when entering and leaving the facility.
3. Emphasize frequent cleaning and disinfection of high-touch areas, i.e., doorknobs, keys, telephones.
4. Identify resources for viral infection surveillance and control.
   - **a.** Track international, national, regional, and local viral infection trends.
   - **b.** Identify public health department contacts for viral infection (including 24/7 contact information).
   - **c.** Communicate with your local health department and discuss collaboration on pandemic viral infection preparedness.
   - **d.** Identify any local or state reporting requirements for viral infection/pandemic viral infection.
   - **e.** Identify laboratories capable of processing viral infection cultures and cultures for novel (pandemic) viral infection.
5. Begin tracking viral infection trends by conducting surveillance for *seasonal* viral infection.
6. Establish procedures for viral infection screening to be utilized with pandemic viral infection.
7. Identify administrative measures to accomplish “social distancing.”
8. Identify areas within the facility that can be used for isolation and medical restriction.
9. Develop plans for stockpiling and distributing infection-control supplies.
10. Provide routine training about viral infection transmission and prevention and control measures.
11. Conduct mock exercises related to surveillance and infection control in pandemic viral infection.

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Response (Federal Response Stages 2-5)

Begin when there are confirmed human outbreaks of pandemic viral infection anywhere in the world:

1. Reinforce education regarding viral infection control. Emphasize the triad of good health habits: hand hygiene, respiratory etiquette, and not touching the eyes, nose, and mouth.
2. Consider placement of dispensers of non-alcohol hand rub in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitor area, and office entrances, etc.
3. Increase environmental cleaning of "high-touch" surfaces, e.g., doorknobs, keys, telephones, computers.
4. Educate employees and visitors not to come to the facility if they have viral infection symptoms.
5. Assess adequacy of infection-control supplies (including face masks, respirators, and gloves) and review distribution plan.
6. If indicated by the TDCJ Office of Public Health, provide respirator fit-testing, medical evaluation, and training to any employees who may be assigned to have contact with offenders with viral infection—in Viral infection Isolation Cells/Units or for transport.
7. Initiate screening for viral infection-like illness at intake and in triage/sick-call.
8. Conduct active surveillance to look for viral infection cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.).
9. On a daily basis, enter into the EHR: cases of ILI, complicated ILI, ILI-related hospitalizations, and ILI-related deaths. Produce regular reports on the status of ILI within the institution for both institution and central office leadership.
10. Review possible measures to increase "social distancing."
11. Review/revise the list of designated viral infection isolation and medical restriction units, and develop options for expanding bed-space as needed.
12. Advise health care workers to report any unprotected close contact with persons with ILI (either at work or at home).

Begin after a suspected pandemic viral infection case is diagnosed in the facility:

13. Immediately isolate (or cohort) offenders with viral infection-like illness in "Viral infection Isolation Cells/Units".
    - **a.** Reinforce education of staff on infection control procedures to follow when caring for viral infection patients.
    - **b.** Assure that adequate infection-control supplies and personal protective equipment, i.e., face masks, respirators, and gloves, are available.
    - **c.** Place precaution signs on the doors of Viral infection Isolation Cells/Units.
14. If there is viral infection transmission in the facility, begin screening all transfers and daily transports for ILI.
15. Perform triage at sick-call to rapidly identify offenders with viral infection symptoms

and implement procedures for separating the sick from the well.

16. Conduct contact investigations of the initial viral infection cases that have been identified, and medically restrict contacts. Place medically restricted precaution sign on the doors and assure an adequate supply of face masks. Implement daily temperature and signs and symptoms check. Immediately isolate any offenders that develop ILI symptoms.

Note: *If there are multiple pandemic viral infection cases in multiple housing units, implementing contact investigations and medical restrictions may be inappropriate and abandoned as a strategy.*

17. Implement measures to increase social distancing.

18. Continue staff and offender training on infection control.

19. Monitor adherence to infection control guidelines.

20. Monitor daily use of infection control supplies and conduct daily inventory control.

Recovery (Federal Response Stage 6)

Previous viral infection pandemics have been associated with subsequent "waves" of viral infection after an initial wave resolves. After an initial pandemic viral infection outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the healthcare and facility response to it, and preparing for subsequent waves of pandemic viral infection.

1. Maintain surveillance for viral infection (to detect subsequent waves of pandemic viral infection).

2. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic viral infection and summarize observations.

3. Evaluate the adequacy of infection control supplies and the need for restocking.

4. Restock infection control supplies.

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Attachment 1. Viral Influenza-Like-Illness (ILI) Screening Form

This form is designed to screen offenders for viral infection-like illness. If pandemic viral infection is circulating outside the facility, then all intakes should be screened. If pandemic viral infection has been identified within the facility then screening should occur at triage/sick-call and prior to all transfers/transports.

Date ___/___/____ **Time:**___:___

SUBJECTIVE/OBJECTIVE

1. **Temperature**_____Date of onset:_____/___/___
2. **Do you have any of the following symptoms:**
   - ☐ Cough
   - ☐ Sore Throat
   - ☐ None of the above
3. **In last 4 days, have you had close contact with anyone with viral infection symptoms** (fever, cough, sore throat)?
   ☐ No ☐ Yes
   Describe: _____
4. **Level of awareness:** ☐ Alert ☐ Confused ☐ Lethargic
   Oriented to: ☐ Person ☐ Time ☐ Place

ASSESSMENT

☐ **Individual meets criteria for viral infection-like illness (ILI).**
ILI is defined as: *temperature greater than* 100° F (37.8° C) *and presence of cough or sore throat.*

☐ **Asymptomatic offender with history of close contact with someone with ILI**

☐ **Absence of viral infection symptoms**

☐ **Other:** _____

PLAN

☐ No viral infection-related restrictions

If clinical criteria for ILI met (see Assessment above):

☐ Provide offender with face mask

☐ Transport offender to Viral infection Isolation Cell/Unit

☐ Educate offender about: ☐ Use of mask ☐ Disposal of mask ☐ Cover cough/sneezes ☐ Hand washing

If history of recent ILI exposure:

☐ Medically restrict in Cell/Unit (for 4 days)

Date:	Staff Signature & Stamp:
Institution:	Patient Identification:

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Attachment 2
Pandemic Viral Infection Precautions – Health Care Settings

The following precautions should be used in conjunction with *Standard Precautions* (see *CMHC Policy B-14.20*) when in contact with *patients suspected of having pandemic viral infection.*

Components	Recommendations
Hand hygiene	• **Hand hygiene is the number one defense.** Wash hands for 15–20 seconds. • Includes using plain or antimicrobial soap and water, or alcohol-based products. • Perform hand hygiene after touching blood/infectious body fluids, secretions, excretions, and contaminated items; after removing gloves; and in-between patients. • Use soap and water if hands are visibly soiled or have touched respiratory secretions. • Wash hands prior to putting on personal protective equipment (e.g., respirator or gloves), and after removing any protective devices. Avoid touching the outside of a contaminated device.
Safe work practices	• Avoid touching eyes, nose, mouth, or exposed skin with hands (gloved or ungloved). • Avoid touching surfaces (e.g., door knobs, keys, light switches) with contaminated gloves or other personal protective equipment that is directly related to patient care.
Respiratory etiquette	• Promote coughing or sneezing into one's sleeve or crook of elbow (rather than hands). • Provide tissues and no-touch (open) trash container.
Patient waiting areas	• Implement system to identify/triage offenders with viral infection-like illness (ILI). • Spatially separate offenders with ILI from others. Place face mask on offenders with ILI.

Patient placement	• ***Viral Infection Isolation Units:***
	  • Isolate offenders with ILI in a private room or *cohort* groups of offenders with ILI in a specifically established, multi-bed unit.
	  • No special air handling is required. *Exception:* If aerosol-generating procedures are performed, an airborne-infection isolation (negative pressure) room is recommended.
	  • Post sign indicating "Viral Infection Isolation Unit" with appropriate PPE (*Attachment 3*).
	  • Depending upon how ill the offenders are, bunk beds may not be suitable.
	  • Keep the door closed. Ideally, have the bathroom attached to the room.
	  • Wear fit-tested respirator or face mask (based on Medical Director guidance) and gloves for touching contaminated surfaces. For additional PPE recommendations, see page 2 of this table.
	  • If feasible, have ILI patients wear a face mask when in close contact with workers.
	• ***Isolation Duration:*** Isolate until 24 hours after fever resolved. In Medical Referral Centers, isolate for 7 days after symptom onset or until symptoms resolved (whichever is longer).
	• ***Note:*** See 2nd page for recommendations about medical restriction of offenders who are exposed to ILI.

Staffing	• Limit the number of caregivers per offender. Ideally, staff caring for offenders with ILI are not assigned to take care of offenders with other (non-viral infection-related) health care problems. • Staff with symptoms of viral infection-like illness should not come to work. • Asymptomatic health care workers who have had an unprotected exposure to an individual with ILI (at home or at work) should report their exposure to their supervisor. In general, exposed health care workers should not work with patients at high risk for viral infection complications–for the 4 -14-day period after exposure ended–unless they receive post-exposure antiviral prophylaxis.
Visits/social	• No visitation/social gatherings. Create as much distance as possible between people.
Patient transport	• Limit patient movement outside of the Viral Infection Isolation Unit to medically necessary purposes. • Have the patient wear a face mask (without an exhalation valve) when outside the unit. If mask can't be tolerated, apply most practical measures to contain respiratory secretions, e.g., handkerchief over nose/mouth, etc. • Patients should wash hands before leaving the unit and after a mask is removed.
Transport vehicles	• Transporters should wear a face mask or a fit-tested respirator (based on guidance from the Medical Director). Wash hands afterwards. • Optimize vehicle ventilation to increase the volume of air exchange during transport. • Routinely clean the vehicle with an EPA-disinfectant following the transport.

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Attachment 2
Pandemic Viral Infection Precautions – Health Care Settings

Components	Recommendations
Personal Protective Equipment (PPE) for Viral Infection Isolation Units	
The PPE guidelines listed directly below apply only to Viral infection Isolation Units, not Medical Restriction Units. ➔ **Careful placement of PPE *before* patient contact will avoid the need to make adjustments and risk self-contamination during use.**	

Respiratory Protection
The use of face masks vs. respirators in a pandemic will be based on guidance from the Medical Director.
	• ***Face masks or respirators (N-95 or higher filtering) should be worn when inside an Viral infection Isolation Unit*** (based on guidance from the Medical Director).
	  • Respirators must be worn in the context of an OSHA Respiratory Protection Program (29 CFR 1910.034).
	  • Medical evaluation, training, and fit-testing of respirators are required prior to initial use.
	  • Respirators cannot be used with facial hair.
	  • Respirators are provided at no cost to the employee.
	• ***General guidance regarding respirator use:***
	  • Wash hands prior to donning and after removing mask or respirator.
	  • To reduce spread of germs, do not leave dangling around the neck.
	  • Respirators are not needed when using "food slot."
	  • Respirators should be disposed of if: the respirator becomes physically damaged; the integrity of the respirator is impaired; or the respirator becomes potentially contaminated during an aerosol generating procedure (e.g., nebulizer treatment or suctioning) or when in close contact with a patient who fails to cover a cough or sneeze. There is no need to dispose of respirator if merely walking through Viral infection Isolation Unit, e.g., for census count.
	  • Respirators should be individually stored in a clean and dry container or plastic bag, stored to prevent damage to the respirator, and labeled with the name of the staff person to whom it is assigned. Otherwise the respirator should be disposed of at the end of a shift.
	• ***If respirators are in short supply***, they should be prioritized for situations associated with higher risk for transmission, e.g., aerosol-generating procedures (e.g., suctioning, nebulizer treatments); resuscitation of a patient; providing direct care to a patient with confirmed or suspected pneumonia who might produce larger-than-normal amounts of secretions when coughing.
	• ***If there is a significant shortage of respirators***, CDC indicates that face masks may be considered an alternative to respirators.

Gloves	Gloves should be worn for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Gloves should be worn when picking up meal trays used by ill offenders. Wash hands after removing gloves.
Gowns & Eye Protection	Gowns and eye protection should be worn if spray or splash of body fluids (including respiratory secretions) is anticipated, i.e., suctioning or nebulizer treatments. Eye protection consists of appropriately fitted, indirectly vented goggles or a face shield. Eye glasses are not sufficient.
Guidelines for Viral Infection Medical Restriction Cells/Units	
Medical Restriction (ILI-exposed offenders with no symptoms)	• House offenders exposed to a person with suspected pandemic viral infection (no ILI symptoms) in a designated Viral infection Medical Restriction Cell/Unit, with beds/cots 3–6 feet apart, as feasible. • Restrict contact with non-exposed persons. • If asymptomatic, release after 4 days (unless re-exposure occurs). • A face mask—not a respirator—is recommended when in close contact (within 6 feet). • Monitor for temperature and viral infection signs and symptoms at least daily. • Medical restriction may be unrealistic if pandemic viral infection becomes widespread.

Attachment 3. Precaution Signs for Viral infection Isolation and Medical Restriction

The signs on the following two pages should be posted when utilizing a room for isolation or medical restriction:

- **Viral Infection Isolation Unit** sign should be used for rooms housing one or more offenders with viral infection- like illness.
- **Viral Infection Medical Restriction** sign should be used for rooms housing asymptomatic offenders who have been exposed to ILI.

Viral Infection Isolation

Housing for offenders with viral infection-like illness— to separate sick offenders from offenders who are well

PRECAUTIONS:

1. Use: ☐Respirator or ☐Face Mask

- N-95 or better

2. Use gloves:

- For direct patient contact or contact with contaminated items.

3. Use eye protection/gowns:

- If splash or spray of body fluids is anticipated, e.g., suctioning or nebulizer treatments.
- Eye protection requires either goggles or face shield.

4. Perform hand hygiene frequently:

- Always before entering and when leaving room.
- After removing gloves.

5. Discontinue isolation…

- 24 hours after temperature remains normal (without fever-reducing medication).
- ***For Medical Referral Centers only:*** Discontinue isolation 7 days after onset of symptoms or when symptoms are resolved, whichever is longer.

Viral Infection Medical Restriction

Housing for asymptomatic offenders who have been exposed to viral infection-like illness—to separate them from offenders who are either sick or have not been exposed

PRECAUTIONS:

1. Wear a face mask:

(not a respirator)

- Only if close contact with Medical Restriction offenders (within 6 feet) is anticipated.
- No fit-testing is required.

2. Perform hand hygiene frequently:

- Always before entering and when leaving room.

3. Discontinue isolation…

- Isolation can be discontinued (4 days if influenza; 14 days if Coronavirus) after the exposure to viral infection-like illness ended, unless symptoms develop.
- If symptoms develop, isolate offender in a *Viral infection Isolation Unit*.